



**CITY of
NORTH
OLMSTED**

**APPLICATION FOR PLAN APPROVAL AND GENERAL BUILDING PERMIT
RESIDENTIAL PROJECTS**

North Olmsted Division of Building
5200 Dover Center Road, North Olmsted, Ohio 44070
P: (440) 777-8000 F: (440) 777-5889

TYPE OF PROJECT		SCOPE OF PROJECT (*Additional form required by MEP Contractor)	
New Home <i>\$1,500 Eng. Plan Review Deposit also required</i>	Building	Driveway/Patio	Electrical*
Addition/Alteration	Shed/Detached Garage	Pool	Plumbing*
Building Demolition	Roof/Siding/Windows/Doors/ Dampproofing	Fence	HVAC*
Estimated Project Cost \$ _____		Alteration (sf) _____	Total Building (sf) _____
Estimated Completion Date _____		Addition (sf) _____	
PROJECT/BUILDING LOCATION			
Homeowner: _____			
Street Address: _____		Is this project/building located within the flood plain? Yes* No *Work in the flood plain may require a flood plain permit application	
BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION			
OWNER INFORMATION			
Name of Owner: _____		Attention: _____	
Street Address: _____	City: _____	State: _____	Zip Code: _____
Phone: _____	Email: _____		
If a corporation, name of individual authorized to act on behalf of corporation: _____			Title: _____
Signature of individual listed above. The applicant listed below is authorized to act as the owner's agent per the RCO. X _____			
CONTRACTOR INFORMATION			
Applicant: _____		Attention: _____	
Street Address: _____	City: _____	State: _____	Zip Code: _____
Phone: _____	Email: _____		
If a corporation, name of individual authorized to act on behalf of corporation: _____			Title: _____
Homeowner Exception: I certify that I own the subject property and it is occupied or to be occupied as my established residence. All work will be done by me with the assistance only of members of my household per §1317.02(B), except for subcontractors who are registered and licensed as required by §1317.02.			
Signature of individual listed above. X _____			

PERSON RESPONSIBLE FOR PLAN PREPARATION (RCO 106.2)

Name: _____			
Street Address: _____	City: _____	State: _____	Zip Code: _____
Phone: _____	Email: _____		
Architect _____	Engineer _____	Ohio Registration No. _____	

CERTIFICATION OF APPLICANT

Contractor _____	Owner _____	Plan Preparer _____
------------------	-------------	---------------------

I certify that all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.

Signature: _____ Print Name: _____ Date: _____

*Drawings sufficient to satisfy RCO 106.1 or as required to fully describe the proposed improvement if not governed by the RCO shall be submitted with this application.

COMPLETE SECTIONS BELOW FOR RESIDENTIAL PROJECTS AS APPLICABLE**FENCE**

Type of fence: _____
 Total Length (ft.) _____ Maximum Height (ft.) _____
 Provide dimensioned site plan of fence installation and picture or drawing description of fence.

ROOFING REPLACEMENT

Is the roof a complete tear off? Yes No (required if 2 or more layers are present)
 What type of roof is in place now? Asphalt Wood Shake Slate Other: _____
 What type of roofing material will be used? Asphalt Wood Shake Slate Other: _____
 Are eaves or soffits vented? Yes No
 Type of vents being used to meet ventilation requirements Ridge (sf) _____ Static no. _____
 and sf of free air provided by each: Gable (sf) _____ Soffit (sf) _____ Other (sf) _____

SIDING REPLACEMENT

Type of material to be installed: _____ Trim material: _____
 Existing type of siding: Vinyl Aluminum Wood Other _____
 Insulation added: Yes No If yes, type and R-value: _____
 Are existing eaves or soffits vented? Yes No (existing venting must be maintained)

WINDOW AND DOOR REPLACEMENT

Number of windows and doors to be installed: _____

DAMPPROOFING (WATERPROOFING) AND/OR REBUILD OF AN EXISTING FOUNDATION WALL

_____ l.f. of foundation wall to be dampproofed or dampproofed/rebuilt.

I acknowledge that I am responsible for all of the following:

- To verify that the drain tile/storm flow is open and unobstructed to the city storm sewer;
- To provide a capped clean out to grade with access to the length of the wall along each wall being worked on; and
- To have all work inspected before covering or backfilling and again at the completion of the work.

Contractor Signature: _____ Print Name: _____ Date: _____

*Provide scaled dimensioned drawings and description of work to be performed.

OFFICIAL USE ONLY

Application/Permit Number _____ Issued Date: _____

Permit Cost \$ _____ Plan Review Cost \$ _____

Engineering Plan Review Deposit \$ _____