

BUILDING PERMIT APPLICATION

Application is hereby made as described in this statement and the accompanying plans and specifications, all of which are made a part of this application.

APPLICATION DATE: _____

PROJECT LOCATION: _____ SUITE # _____

TENANT NAME: _____

PARCEL # _____ - _____ - _____ SUBLOT # _____ # OF STORIES: _____

TYPE OF CONSTRUCTION (Check One): NEW CONSTRUCTION DEMOLITION

ADDITION ALTERATION ROOF TEAROFF ONLY - Commercial (Specs Required)

ROOF TEAR OFF ONLY – Residential * Weight of Shingles _____ *Ice Guard _____

* Ventilation Ridge or Vent

PURPOSE OF APPLICATION: _____

CONSTRUCTION AREA _____ SQ.FT. EST. COST OF PROJECT: \$ _____

*******COMMERCIAL BUILDING INFORMATION*******

DEFINE TYPE OF BUSINESS OPERATION: _____
(Retail sales/wholesale distribution/office/manufacturing/etc.)

USE GROUP CLASSIFICATION OF BUILDING: _____ OF TENANT SPACE: _____
(As defined Chapter 3, OBBC)

TYPE OF CONSTRUCTION OF BUILDING: _____ OF TENANT SPACE: _____
(As defined Chapter 6, OBBC)

FIRE SUPPRESSION/ALARM SYSTEM DESCRIPTION: _____

*******CONTACT INFORMATION*******

ARCHITECT: _____ PHONE: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

GENERAL CONTRACTOR: _____ PHONE: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

***** (OVER) CONTINUED ON BACK *****

*****CONTACT INFORMATION CONTINUED*****

OWNER OF BUILDING: _____ PHONE: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

APPLICANT: _____ PHONE: _____

COMPANY OR FIRM: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

THE ACCEPTANCE OF THE PERMIT HEREIN APPLIED FOR SHALL CONSTITUTE AN AGREEMENT ON THE PART OF THE APPLICANT TO ABIDE BY ALL THE CONDITIONS HEREIN CONTAINED AND TO COMPLY WITH ALL THE ORDINANCES OF THE CITY OF BEACHWOOD, AND THE LAWS OF OHIO RELATING TO THE WORK TO BE DONE HEREUNDER; AND SAID AGREEMENT IS A CONDITION OF SAID PERMIT. **IT IS A FURTHER CONDITION OF THIS PERMIT THAT THE BUILDING INSPECTOR OF THE CITY OF BEACHWOOD MUST BE NOTIFIED 24 HOURS BEFORE THE COMPLETION OF WORK REQUIRING INSPECTION BY THE BUILDING CODE OF THE CITY.**

SIGNATURE OF APPLICANT

PRINTED NAME

DATE

*****OFFICE USE ONLY*****

ARB:

FEE: RECEIPT # _____ AMOUNT \$ _____ DATE PAID _____

APPROVED NOT APPROVED MEETING DATE: _____ CASE # _____

PLAN REVIEW:

DEPOSIT: RECEIPT # _____ AMOUNT \$ _____ DATE PAID _____

PLANS EXAMINER _____

APPROVED FOR PERMIT: _____

SIGNATURE

DATE

PERMIT(S):

REQUIRED PERMITS: DEMO BUILDING ELECTRICAL PLUMBING HVAC

PERMIT NUMBER _____ FEE _____ ISSUE DATE _____