

WINDOW / DOOR PERMIT APPLICATION

Residential Only

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 ADDRESS: _____

OWNER NAME: _____

PURPOSE OF APPLICATION: _____

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

WINDOW / DOOR INFORMATION (Check One): LIKE FOR LIKE YES NO

*If NO, requires Architectural Board of Review approval. Application must include the following:

- Photos of existing window(s) &/or door(s)
- Specs of proposed window(s) &/or door(s)

GROSS FLOOR AREA ALL STORIES: _____ SQ. FT. **EST. COST OF PROJECT:** \$ _____

IS A DUMPSTER REQUIRED? NO YES (If yes, a separate temporary structure permit is required)

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

ARCHITECT: _____ **PHONE:** _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

GENERAL CONTRACTOR: _____ **PHONE:** _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PROPERTY OWNER: _____ **PHONE:** _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

APPLICANT: _____ **PHONE:** _____

COMPANY OR FIRM: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

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

*****PERMIT FEE*****

	RESIDENTIAL *(FEE + 1%)*
Alterations to Dwelling Structure (Interior/Exterior) &/or Exterior Site Alterations	
*per \$1,000 valuation Minimum	\$8.50 \$50.00

 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*****

ABR:

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

APPROVED NOT APPROVED MEETING DATE: _____ CASE # _____

PLAN REVIEW:

PLANS EXAMINER _____

APPROVED FOR PERMIT: _____
SIGNATURE **DATE**

PERMIT NUMBER _____ FEE _____ ISSUE DATE _____