



APPLICATION FOR RESIDENTIAL SIDING PERMIT

BUILDING WORK HOURS

7:00 A.M. TO 6:00 P.M. MONDAY THRU SATURDAY - NO WORK ON SUNDAYS AND HOLIDAYS (RDHC-1503.14)

Permit No.

Date Issued:

R- _____

DIRECTIONS:

Please supply information in Section 1 and check off boxes in Section 2 which describes your submission requirements.

SECTION 1 - GENERAL INFORMATION

Estimated Cost of Project \$ _____

PLEASE PRINT OR TYPE

Address of construction _____

Owner's name _____ Phone _____

Owner's address _____

Contractor _____ Business Phone _____

Contractor's address _____

(Street) (City) (State) (Zip)

Contractor's Registration Number _____

Architect (if applicable) _____

(Name) (Address) (City) (State) (Zip) (Phone)

SECTION 2 - DESCRIPTION OF PROPERTY AND PROJECT

Type of structure

- Single
Two family
Three family
Other (describe)

SUBMISSION REQUIREMENTS (Synthetic - Other than wood)

- Photos
Four photographs - one of each side of house
One close-up photograph of the existing siding
Is there more than one type of siding on the house? (additional photos)

Type of work

- Siding over Wood Siding

Measurements

- What is the height measurement of the existing clapboard, shingle, or lap siding?
What is the height measurement of the proposed synthetic siding? (a difference in siding height requires an approval from ABR)

Type of material

- Other

Proposed Siding Brochure

- New siding brochure and who is the manufacturer?

By signing the application, the applicant certifies that the installation will comply with the regulations of the Cleveland Heights Building code and policy bulletin #02-01 on the reverse side.

TO THE BUILDING COMMISSIONER: This application is submitted for a permit to erect, add to, alter or repair a structure as described in this application and any drawings which accompany it.

In signing this application, the contractor or owner's agent certifies that the work is authorized by the owner or record.

Applicant's Signature Print Name Date

Applicant is Owner Contractor Owner's agent

DO NOT WRITE BELOW THIS LINE

SECTION 3 - ADDITIONAL REQUIREMENTS (to be filled out by staff)

Other approvals

Architectural Board of Review Zoning
The applicant has applied for the Architectural Board of Review - (date) ABR#

ATTENTION AS THE CONTRACTOR, YOU ARE REQUIRED BY LAW (SECTION 1561.04, RDHC) TO CLOSE THIS PERMIT AFTER YOUR WORK IS COMPLETED CALL 291-4900 TO SCHEDULE A FINAL INSPECTION.

SECTION 4 - APPROVAL AND FEES

Application for a building permit is approved (as noted) For Amount

Fees

TOTAL

Notes:

By Building Official

City of Cleveland Heights Building Department 40 Severance Circle Cleveland Heights, Ohio 44118 (216)291-4900

PER POLICY BULLETIN