



# APPLICATION FOR RESIDENTIAL BUILDING PERMIT/APPROVAL

City of Cleveland Heights

PERMIT NO. \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

### BUILDING WORK HOURS

7:00 A.M. TO 6:00 P.M. MONDAY THRU SATURDAY -  
NO WORK ON SUNDAYS AND HOLIDAYS (Cleveland Heights Building Code)

R- \_\_\_\_\_

## GENERAL INFORMATION

ESTIMATED COST OF PROJECT \$ \_\_\_\_\_

ADDRESS OF CONSTRUCTION \_\_\_\_\_

OWNER OF PROPERTY \_\_\_\_\_ PHONE #: \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ PHONE #: \_\_\_\_\_

CONTRACTOR BUSINESS ADDRESS \_\_\_\_\_

CONTRACTOR REGISTRATION NUMBER \_\_\_\_\_

ARCHITECT (if applicable) \_\_\_\_\_  
(Name) (Address) (City) (State) (Zip) (Phone)

## DESCRIPTION OF PROPERTY AND CONSTRUCTION

<b>STRUCTURE TYPE</b>	<b>WORK LOCATION</b>	<b>TYPE OF WORK</b>	<input type="checkbox"/> <b>ADDITION</b> ( <i>Plans Required</i> ) <i>Specify Location</i> _____
<input type="checkbox"/> Single Family	<input type="checkbox"/> Exterior	<input type="checkbox"/> New Structure	
<input type="checkbox"/> Two Family	<input type="checkbox"/> Basement	<input type="checkbox"/> Alteration ( <i>*Specify Details</i> )	
<input type="checkbox"/> Three Family	<input type="checkbox"/> 1 <sup>st</sup> Floor	<input type="checkbox"/> Repair ( <i>*Specify Details</i> ) _____	<input type="checkbox"/> <b>NEW ROOF MATERIAL</b> _____
	<input type="checkbox"/> 2 <sup>nd</sup> Floor	<input type="checkbox"/> Rehabilitation ( <i>Scope of Work Letter Req.</i> )	<input type="checkbox"/> <b>REROOF MATERIAL</b> _____
	<input type="checkbox"/> 3 <sup>rd</sup> Floor	<input type="checkbox"/> Fire Repairs ( <i>*Specify Details</i> )	<input type="checkbox"/> <b>OTHER</b> _____
		<input type="checkbox"/> Demolition ( <i>*Specify Details</i> ) _____	

### EXTERIOR:

**WINDOW REPLACEMENT** (*Printed Photo's Required*)

Same Style  yes  no  
Same Size  yes  no  
Same Color  yes  no

**DECK** (*Site Plans Required & Zoning Approval*)

**SHED** (*Site Plans Required & Zoning Approval*)  
Drawings, Brochures or Photos

**RETAINING WALL**

New  
 Exis  
 Repair (*\*Specify Details*)  
Height \_\_\_\_\_

**CHIMNEY**

Repair  
 Rebuild

### STEPS

*(Printed Photo's Required)*

Location  Front  Rear  Other \_\_\_\_\_

Existing Type: Wood / Masonry

Proposed Type: Wood / Masonry

Other \_\_\_\_\_

### GARAGE

Demo

Floor Only (*\*Specify Details*)

New (*Plans Required*)

Siding (*Garage Only*)

Repairs (*\*Specify Details*)

Roofing

**FOUNDATION** (*Location*) \_\_\_\_\_

Repair  New (*Plans Required*)

### PORCH

New (*Plans Required*)

Floor Repairs (*\*Specify Details*)

Repairs (*\*Specify Details*)

Railings (*\*Specify Details*)

Porch Enclosure

Other \_\_\_\_\_

**SWIMMING POOL**

Above Ground

In Ground  
Drain Tile Repair

### INTERIOR:

Remodel Bathroom  Remodel Kitchen  Remodel \_\_\_\_\_

Move/remove walls (*Plans Required*)  Drywall Only (Sq. Ft. \_\_\_\_\_)

Other (*\*Specify Details*) \_\_\_\_\_

**SUPPORT POST**

*Specify Location* \_\_\_\_\_

*\* REPAIR WORK SHALL BE SPECIFIC TO THE REPAIRS - INCLUDE A SCOPE OF WORK LETTER AND PLANS DETAILING THE PROJECT.*

**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. The acceptance of the permit shall be considered in agreement on the part of the applicant or his agents to comply with the Building and Zoning codes of the City of Cleveland Heights, or other orders, requirements or specifications stated in the permit and per Related Policy Bulletins.

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

Authorized Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant is  Owner  Contractor  Owner's agent

**DO NOT WRITE BELOW THIS LINE**

## ADDITIONAL REQUIREMENTS (To be filled out by Staff.)

### Other approvals:

Architectural Board of Review  Zoning

Separate permits required for  Electrical  Plumbing

Heating/Ventilating  Other \_\_\_\_\_

Certificate of Occupancy is  required/  not required for this project

**ATTENTION**

**AS THE CONTRACTOR, YOU ARE REQUIRED BY LAW (SECTION 109 RCO) TO CLOSE THIS PERMIT AFTER YOUR WORK IS COMPLETED. CALL (216)291-4900 TO SCHEDULE A ROUGH-IN AND/OR FINAL INSPECTION.**

## APPROVAL AND FEES

Application for a building permit is approved (as noted).

FOR	AMOUNT
FEES _____	_____
_____	_____
_____	_____

NOTES: \_\_\_\_\_ TOTAL \_\_\_\_\_

PER POLICY BULLETIN ATTACHED

BY \_\_\_\_\_ BUILDING OFFICIAL

CITY OF CLEVELAND HEIGHTS  
BUILDING DEPARTMENT  
40 SEVERANCE CIRCLE  
CLEVELAND HEIGHTS, OHIO 44118  
(216)291-4900