

APPROVED:	<input type="checkbox"/>
NOT APPROVED:	<input type="checkbox"/>
RE-SUBMIT:	<input type="checkbox"/>
SEE NOTES:	<input type="checkbox"/>
VARIANCE REQUIRED:	<input type="checkbox"/>



BUILDING DEPARTMENT

5301 Mayfield Road, Lyndhurst, Ohio 44124
(440) 473-5108 FAX (440) 442-7189

**APPLICATION FOR
PLAN EXAMINATION
AND BUILDING PERMIT.**

Parcel Number (City use)

PLEASE DO NOT WRITE ABOVE THIS LINE

Date of Application:	Is the Applicant the Owner: YES / NO
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1. OWNER & LOCATION OF WORK

OWNER NAME:		
Street Address:	Apt:	Zip:

2. CONTRACTORS INFORMATION

GENERAL CONTRACTOR:	Address:
Phone:	City, State, Zip:
ARCHITECT/ENGINEER:	Address:
Phone:	City, State, Zip:

3. DESCRIPTION OF WORK

IMPROVEMENT TYPE:	
<input type="checkbox"/> New Construction (1)	
<input type="checkbox"/> Addition (2)	
<input type="checkbox"/> Alteration (3)	
<input type="checkbox"/> Repair / Replacement (4)	
<input type="checkbox"/> Demolition (5)	
<input type="checkbox"/> Relocation (6)	
<input type="checkbox"/> Foundation Only (7)	
<input type="checkbox"/> Change of Use Only (8)	
Estimated Value:	

4. CERTIFICATION

I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of the City of Lyndhurst. In addition, if a permit for work described in this application is issued, I certify that the Building official or the Building official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	PHONE NO.
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5. SUB-CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	ST. ADDRESS	CITY, ST.	PHONE NO.
Excavation	LAST NAME, FIRST NAME			
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				
Other				

6. VALIDATION

PLUMBING: _____ BUILDING PERMIT FEE: _____

ELECTRICAL: _____ 3% STATE OF OHIO: _____

HVAC: _____ SEWERS: _____

OCCUPANCY: _____ PLAN EXAMINATION: _____

DEMOLITION: _____ ENGINEERING FEE OR DEPOSIT: _____

MISCELLANEOUS: _____ CONSTRUCTION DEPOSIT: _____

DRIVE & APRON: _____

TOTAL: _____

APPROVED BY: _____ DATE: _____

NOTES: _____
