



OFFICE USE ONLY	
DATE:	_____
PERMIT #:	_____
RECEIPT #:	_____
AMOUNT:	_____
INSPECTOR:	_____
ISSUED BY:	_____

Application
NEW STRUCTURE, ADDITION, ALTERATION OR CHANGE OF USE
COMMERCIAL
 (PLEASE PRINT)

— Location: _____ — Business Name: _____
 Owner: _____ Phone: _____
 Address: _____ Manager(s): _____
 City: _____ St.: _____ Zip: _____
 Phone: _____

CONTRACTOR INFORMATION

— Are you currently registered with the City of University Heights:
 No Yes: Number: _____ Expiration: _____

— Company Name: _____ — (check one)
 Address: _____ General Contractor:
 City: _____ St.: _____ Zip: _____ Sub-Contractor of:
 Phone: _____ Company: _____
 Representative: _____ Address: _____
 Job Forman: _____ City: _____ St.: _____ Zip: _____
 Phone: _____

DESCRIPTION OF WORK TO BE PERFORMED

— Type of Permit: (check appropriate block(s))
 Building Electrical Plumbing Sewer Other: (specify) _____

— Nature of Construction: (check appropriate block(s))
 New Addition Alteration Change of Use and Occupancy

— Type of Construction: (check one) 1A, 1B, 2A, 2B, 2C, 3A, 3B, 4, 5A, 5B

— Use Group Classification: (check one)

<input type="checkbox"/> Assembly: (circle one) A1, A2, A3, A4, A5	<input type="checkbox"/> Institutional: (circle one) I1, I2, I3
<input type="checkbox"/> Business	<input type="checkbox"/> Mercantile
<input type="checkbox"/> Educational	<input type="checkbox"/> Residential: (circle one) R1, R2, R3, R4
<input type="checkbox"/> Factory	<input type="checkbox"/> Storage
<input type="checkbox"/> High Hazard	<input type="checkbox"/> Utility and Miscellaneous

Mixed Usage: (describe) _____

— Estimated Cost: \$ _____

— Date Work To Begin: _____ To Be Completed By: _____

Briefly describe work to be performed: _____

— Project Architect: _____
Company: _____
Address: _____
City: _____ St.: _____ Zip: _____
Phone: _____

Project Engineer: _____
Company: _____
Address: _____
City: _____ St.: _____ Zip: _____
Phone: _____

Other: _____
Company: _____
Address: _____
City: _____ St.: _____ Zip: _____
Phone: _____

Other: _____
Company: _____
Address: _____
City: _____ St.: _____ Zip: _____
Phone: _____

INSPECTIONS

IT IS SPECIFICALLY AGREED THAT THE UNDERSIGNED WILL NOTIFY THE BUILDING DEPARTMENT TO INSPECT THE FOLLOWING: FOOTINGS, FOUNDATIONS, FORMS PRIOR TO POURING OF CONCRETE, SEWER CONNECTIONS, ALL WIRING, FRAMING AND PLUMBING BEFORE COVERING OR CONCEALING, CHIMNEYS, AND FIRE PLACES BEFORE ELEMENTS ARE CONCEALED. ANY AND ALL ROUGH INSPECTIONS AND FINAL INSPECTION OF ALL WORK PERFORMED.

IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER AND CONTRACTOR TO MAKE THE NECESSARY ARRANGEMENTS FOR ANY AND ALL INSPECTIONS WITH THE BUILDING DEPARTMENT.

— I HAVE READ AND AGREE TO THE ABOVE TERMS OF INSPECTIONS: _____ (initial)

NOTICE

ALL APPLICATIONS AND PLANS SUBMITTED WILL BE REVIEWED AND APPROVED OR DENIED WITHIN 30 (THIRTY) DAYS.

DESCRIPTION OF BUILDING AND PROPERTY

— Address: _____ Plot Number: _____ Sub-Lot: _____
 Size of Lot: _____
 Set Back: _____ Right Side Yard: _____ Left Side Yard: _____ Rear Yard: _____
 Size of Building: _____ Number of Stories _____
 Zoning District: _____

SPECIFICATIONS

	Area-Square Ft.	Use Group	Fire Grading (Hrs.)	Occupancy Load	Floor Live Load
Cellar					
Basement					
First Floor					
Second Floor					
Third Floor					
Fourth Floor					
Fifth Floor					
Sixth Floor					
Seventh Floor					

Total Sq. Ft.: _____

— Walls: (check one)

Masonry
 Frame Wood
 Metal
 Other: (specify) _____

— Roof: (check one)

Woodframe
 All Metal
 Reinforced Concrete
 Heavy Timber
 Other: (specify) _____

— Floors: (check one)

Wood on Wood Joists
 Concrete on Steel Joists
 Reinforced Concrete
 Slab
 Other: (specify) _____

— Ceilings: (check one)

Exposed Joist of:
 Wood
 Steel
 Drywall: Fire Rating in Hours: _____ Hrs.
 Tile: Fire Rating in Hours: _____ Hrs.
 Plaster on Lath.
 Other: (specify) _____ Fire Rating in Hours: _____ Hrs.

— Documentation verifying compliance with the energy code: _____
yes/no

— Material specification(s) submitted with this application: _____
yes/no

Describe: _____

Application is hereby made for the approval of this detailed statement with the plans herewith submitted, and for a permit to erect or alter a structure as herein described.

The acceptance of the permit herein applied for shall constitute an agreement on my/our part to abide by all conditions therein contained; and to comply with all Ordinances of the City of University Heights and the Laws of the State of Ohio relating to the work to be done thereunder, and said agreement is a condition of said permits.

_____ Date: _____
signature

print name and title

FOR BUILDING DEPARTMENT USE ONLY

Application Number: _____ Plans Received: _____ Number: _____
yes/no

Date Received: _____

Fees Paid: Cash Check Money Order

Amount(s): _____ Filing Fee: _____ Received By: _____
_____ Plan Review: _____

Total: _____ Receipt Number: _____ Date: _____

Construction Deposit: _____ Amount: _____

Reviewed By: _____ Date: _____

Denied: _____ Date: _____ Fee(s) Returned: _____

Approved

Approved as Noted: _____

More Information Required

_____ Date: _____
Building Commissioner
City of University Heights

Permit Number: _____ Date: _____

Issued By: _____