

University Heights

The City of Beautiful Homes

BUILDING DEPARTMENT

Application GENERAL PERMIT (PLEASE PRINT)

OFFICE USE ONLY

DATE: _____

PERMIT #: _____

RECEIPT #: _____

AMOUNT: _____

INSPECTOR: _____

ISSUED BY: _____

— Type: (check one)

Concrete Electrical Plumbing Sewer Other: _____
specify

— Briefly describe work: _____

— Location: _____

Owner: _____

Address: _____

City: _____

Home Phone: _____

Work Phone: _____

Tenant's Name: _____

Phone: _____

(check one)

Home owner permit

Contractor permit

Sub-contracted from:

Name: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Agent: _____

— Contractor: _____

Company Name: _____

Address: _____

City: _____ St.: _____ Zip: _____

Phone: _____

Agent: _____

— Are you currently registered with the City of University Heights? (check one)

No Yes: Number _____ Expiration Date: _____

— Estimated cost of job: \$ _____

— Date work will begin: _____ Completed: _____

SITE PLAN (draw sketch)

INSPECTIONS

I the undersigned, acknowledge responsibility of scheduling all required inspections. The City of University Heights requires a minimum of 24 hours notice for all inspections.

I also agree to conform to and abide by the Building Code and all other Ordinances of the City of University Heights, Ohio. It is understood that in the event of any violations of said Codes or Ordinances I shall be subject to fine and refusal of future permits.

Signature

Date: _____

Print name and title

FOR BUILDING DEPARTMENT USE ONLY

Approved:

Approved as Noted: _____

More information Required: _____

Denied

Board of Zoning Appeals Required:

Building Department Authorization

Date: _____