



OFFICE USE ONLY	
Date:	_____
Permit #:	_____
Receipt #:	_____
Amount:	_____
Inspector:	_____
Issued By:	_____

**RESIDENTIAL
NEW STRUCTURE, ADDITION OR ALTERATION**

Please print

Job Site Address: _____
 Owner: _____
 Owner address if different from above: _____
 City: _____
 Phone: _____
 Work Phone: _____

Check one

- Homeowner Permit
 Contractor Permit

TYPE OF PERMIT

Check one

- Building Demo Fence Other: _____

CONTRACTOR INFORMATION

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

- No Yes Contractor Number _____ Expiration Date: _____

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Contact Person: _____
 Phone Number of Contact: _____

Describe Work to Be Performed:

Estimated Cost: \$ _____

Work To Begin: _____ Completed By: _____

SITUATION PLAN

Draw sketch of lot including dimensions, all structures and distances from lot lines and building(s)

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.

_____ Date: _____
Signature

Print name and title

FOR BUILDING DEPARTMENT USE ONLY

Approved:

Approved as Noted: _____

More Information Required: _____

Denied:

Board of Zoning Appeals Required: _____

_____ Date: _____
Building Department Authorization