UNIVERSITY HEIGHTS

# GENERAL PERMIT APPLICATION

*Please Type or Print*

For Office Use Only
Date: _____
Permit #: _____
Receipt #: _____
Amount: _____
Inspector: _____
Issued by: _____

*(check one)*
Type: ☐Concrete ☐Electrical ☐Plumbing ☐Sewer ☐ Other: _____
*(specify)*

Briefly describe the work: _____
_____
_____
_____

Location: _____
Owner of Property: _____
Address: _____
City, State, Zip: _____
Home #: _____
Work #: _____
Tenant's Name: _____
Phone #: _____

☐ Homeowner Permit
☐ Contractor Permit
☐ Subcontracted from:
Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____
Agent: _____

Contractor: _____
Company Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____
Agent: _____

Are you currently registered with the City of University Heights?
☐ No ☐ Yes Number: _____ Expiration Date: _____
Estimated cost of job: $_____
Date Installation will begin: _____ Completion Date: _____

## SITE PLAN

(Draw a sketch of the lot/buildings and show distances from lot lines and other buildings.)

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## INSPECTIONS

I, THE UNDERSIGNED, acknowledge responsibility for scheduling all required inspections. The City of University Heights requires a minimum 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 Code of Ordinances, I shall be subject to a fine and refusal of future permits.

_____ _____

*Signature* *Date*

_____

*Printed Name and Title*

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- ☐ Approved
- ☐ Approved as noted: _____
- ☐ More information required: _____
- ☐ Denied
- ☐ Board of Zoning Appeals required:

_____ _____

*Building Department Authorization* *Date*

*Revised 7-12-2017*