| APPROVED: | ☐ |
| NOT APPROVED: | ☐ |
| RE-SUBMIT: | ☐ |
| SEE NOTES: | ☐ |
| VARIANCE REQUIRED: | ☐ |

*The City of Lyndhurst*

*A Community of Neighbors*

# BUILDING DEPARTMENT

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

## PLEASE DO NOT WRITE ABOVE THIS LINE

# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT.

Parcel Number (City use)

Date of Application: _____   Is the Applicant the Owner:   YES  /  NO

## 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: | |
|---|---|
| ☐ New Construction (1) | |
| ☐ Addition (2) | |
| ☐ Alteration (3) | |
| ☐ Repair / Replacement (4) | |
| ☐ Demolition (5) | |
| ☐ Relocation (6) | |
| ☐ Foundation Only (7) | |
| ☐ 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.

_____   _____
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE                          PHONE NO.

## 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: _____

ELECTRICAL: _____

HVAC: _____

OCCUPANCY: _____

DEMOLITION: _____

MISCELLANEOUS: _____

DRIVE & APRON: _____

BUILDING PERMIT FEE: _____

3% STATE OF OHIO: _____

SEWERS:_____

PLAN EXAMINATION: _____

ENGINEERING FEE OR DEPOSIT: _____

CONSTRUCTION DEPOSIT: _____

TOTAL: _____

APPROVED BY: _____ DATE: _____

NOTES: _____

_____

_____

_____