SHAKERHEIGHTS

BUILDING DEPARTMENT

APPLICATION FOR PLAN APPROVAL

Ohio Building Code 107.2

Date:_____ **Estimated Cost:** _____ **Square Ft.:**_____ **Non. Liv.:** _____

Permit #: _____ **Permit Fee:** _____ **Plan #:** _____

PROJECT INFORMATION

Project Address: _____

Property Owner Name: _____

Property Owner Address ***(if different)***: _____ Phone No: _____

City: _____ State: _____ Zip: _____

Project Type: Addition __ Remodel __ New __

Description of Work: _____

_____

_____

_____

_____

AUTHOR OF DRAWINGS

Name of Company: _____ Phone No.: _____

Email: _____ Fax No.:_____

CONTRACTOR INFORMATION:

Contractor: _____Email: _____

Address: _____ Phone No.: _____

City: _____ Zip: _____ Fax No.:_____

Terms of Acceptance

1. This approval is granted on condition that all work is done in compliance with the ordinances of the City of Shaker Heights, Ohio Building Code, Residential Code of Ohio, and the approved plans.
2. All work is required to be inspected. It is the responsibility of the owner or applicant to arrange and schedule all inspections with the Building Department. Inspections are scheduled within 1-3 business days. (ORC 3781, 3785, 3791)

AUTHORIZATION: ***The undersigned states that he/she is the owner of the property or authorized agent for the owner of the project address.***

Applicant Signature: _____ ***Date:*** _____

Applicant Printed Name:_____