

Permit No. _____

Grade Plan No. _____

City of Willoughby

DEPARTMENT OF PUBLIC SAFETY- DIVISION OF BUILDING INSPECTION
One Public Square
Willoughby, Ohio 44094
(440) 953-4118 (440) 953-4167 (fax)

Project Title _____

APPLICATION FOR RESIDENTIAL DWELLING PLAN APPROVAL AND PERMIT

Application is hereby submitted for a permit to erect, construct, add, or alter a structure as described in this application and the accompanying construction documents which are part of this application. All Contractors and Subcontractors are to be registered with the City of Willoughby. The acceptance of the permit herein applied for shall constitute an agreement on the part of the undersigned to abide by all conditions of the permit, and to comply with all ordinances of the City of Willoughby, laws of the State of Ohio and any special requirements, relating to the work to be done thereunder, and this agreement is a condition of the permit.

All other permits (electrical, plumbing, hvac, sewer, etc.) are to be obtained by subcontractors performing the work.

ALL PLANS SUBMITTED SHALL BE IN DUPLICATE, SUFFICIENTLY CLEAR, COMPREHENSIVE, DETAILED, AND LEGIBLE AND SHALL SHOW COMPLIANCE WITH APPLICABLE REQUIREMENTS OF THE ADOPTED BUILDING CODE AND PLANNING AND ZONING CODES OF THE CITY OF WILLOUGHBY.

DATE: _____ ESTIMATED COST: _____

PROJECT DATA:

LOCATION AND DESCRIPTION OF LOT

ADDRESS _____ S/L No. _____

PROPERTY OWNER _____ PHONE No. _____

APPLICANT

SIGNATURE _____ PRINT NAME _____

ADDRESS _____ PHONE _____

CITY/STATE _____ ZIP _____

Address _____

DESCRIPTION OF WORK

(Office Use)	
Application/Review Fee	\$ 25.25 or \$10.10
Permit Fee	\$ _____
Construction Deposit	\$ _____
Sewer Tap-in Fee	\$ _____
Street Opening Fee	\$ _____
Tree Fee	\$ _____

BASEMENT AREA _____

+ 1ST FLOOR AREA _____

+ 2ND FLOOR AREA _____

+ GARAGE AREA _____

= TOTAL FLOOR AREA _____

Permit No. _____ Date _____

SURVEYOR	_____
ARCHITECT	_____
ENGINEER	_____
GEN. CONTRACTOR	_____
SEWER/EXCAVATOR	_____
ELECT. CONTRACTOR	_____
PLUMBING/GAS PIPE	_____
MECH. CONTRACTOR	_____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVALS REQUIRED

	DATE SUBMITTED	DATE APPROVED
CERTIFICATE OF ZONING COMPLIANCE		
ZONING BOARD OF APPEALS		
HISTORIC DISTRICT DESIGN REVIEW BOARD		
FLOOD PREVENTION PROGRAM		
GRADE PLAN REVIEW		
BUILDING PLAN REVIEW		