

(for Office Use)

Non_OBBC Construction	OBBC Construction
Permit No. _____	Total of all Fees \$ _____
Date Permit Issued: _____	Total of all Deposits \$ _____
Use Group: _____	Total all fees & Deposits \$ _____
Fire Grading: _____	Less non-refundable deposit \$ _____
Occupancy Load: _____	Balance due when permit issued \$ _____
Payment Received By: _____	Date: _____



City of Maple Heights, Ohio
Department of Building
5353 Lee Road, Maple Heights, Ohio 44137-2574
Office: 216.663.4094 Fax: 216.587.9094
Plan Examination and Building Permit -Other Application



Property Street Number _____ Property Street Name _____ Sublot Number (new construction) _____
 Lot Size _____ x _____ ; Total Land Area (in Square Feet) _____ ; Zoning District _____

A. Type of Improvement 1. ___ New Building 2. ___ Addition 3. ___ Alteration 4. ___ Repair, replacement 5. ___ Wrecking - Demolition 6. ___ Moving (relocation) 7. ___ Foundation only		C. Proposed Use-Residential 9. ___ 1,2,3-family R-4 10. ___ Multi-Single R-3 11. ___ Multi-Family R-2 <i>Enter number of Units: _____</i> 12. ___ Transient- R-1 Motel, Dormitory <i>Enter number of Units: _____</i> 13. ___ Garage U 14. ___ Shed U 15. ___ Deck U 16. ___ Retaining U Wall 17. ___ Fence U 18. ___ Other _____		D. Proposed Use-Nonresidential 19. ___ Assembly A 1-5 20. ___ Business, Office, Bank B 21. ___ Education, Day Care E 22. ___ Factory, Industrial F 1,2 23. ___ High Hazard H 1-5 24. ___ Institutional, Child Care I 1-4 25. ___ Mercantile, Retail Store M 26. ___ Storage S 1,2 27. ___ Retaining wall, fence U 28. ___ Towers, Tanks, and Misc. U	
B. Cost-Value 8. Cost or value of improvement.. Including <u>value of labor and materials</u> .(even if 'free of cost') \$ _____		Describe, in Detail, the proposed work. For nonresidential, describe the proposed use of the building/unit. If use of existing is being changed enter former use also. _____ _____ _____			
E. Principal Type of Frame 31. ___ Any Material Type 5 32. ___ Heavy Timber Type 4 33. ___ Masonry, steel (walls)Type 3 34. ___ Noncombustible Type 2 35. ___ Noncombustible Type 1					

Complete The Following For New Buildings and Additions

G. Type of Sewage 40. ___ Public 41. ___ Private (septic)		H. Type of Water Supply 42. ___ Public 43. ___ Private (well, etc.)		I. Type of Mechanical Will there be central air conditioning? 44. ___ Yes 45. ___ No Will there be an elevator? 46. ___ Yes 47. ___ No	
J. Dimensions 48. Number of Stories _____ 49. Total SF of Floor area (all floors, based on exterior dimensions) _____		K. Number of Off-Street Parking Spaces 50. Enclosed _____ 51. Outdoors _____		L. Residential Home 52. Baths Full _____ Partial _____ 53. Number of Bedrooms _____	

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Identification	To be filled out by all applicants		Print or type all information	
	Name	Mailing Address	Zip Code	Phone Number
1. Owner / Lessee	_____	_____	_____	_____
2. Contractor	_____	_____	_____	_____
3. Designer of Plans	_____	_____	_____	_____

___ I am a **CONTRACTOR** with a valid Certificate of Registration issued by the City of Maple Heights, Ohio.
 ___ I am a **HOME OWNER**, as defined,* and am thereby exempt from the registration requirements.

***Definition of Home Owner**

For the purposes of exemption from contractor registration only, a Home Owner is defined as person(s) who owns or leases a parcel of land on which he/she resides or intends to reside, on which there is or is intended to be a dwelling of three or less units, attached or detached structures accessory to such use. A person who constructs more than one home in a two-year period in the State of Ohio shall not be considered a Home Owner.

Agreement: I hereby certify that the proposed work is authorized by the owner of record and that I am authorized by the owner to make this application as his/her authorized agent and to conform to all City Ordinances as well as applicable State and Federal laws that may be in effect at the time the permit is issued, even though they may change between this date and the time a permit is granted.

Applicant's Name: _____

Applicant's Mailing Address: _____

Zip _____

Applicant's Phone: Cell: _____ Work: _____ Home: _____

Applicant's Signature: _____ Date: _____

Office Use Only

Plan Review Deposit _____	Sewer Tie In Fee _____	_____ Fee _____
Plan Review Balance _____	Landscape Plan Review _____	Total (Permit & Fees) _____
Building Permit _____	Engineer's Fee _____	Total All Deposits _____
Occupancy Certificate _____	State 3% - OBBC _____	Total Fees & Deposits _____

Approved By: _____

Submit Three (3) Sets of Site Plans and Construction Drawings With Application