

Plan Examination Building Department

(check or fill in all that apply)

Please submit 3 sets of Site Plans and Construction Drawings with Application

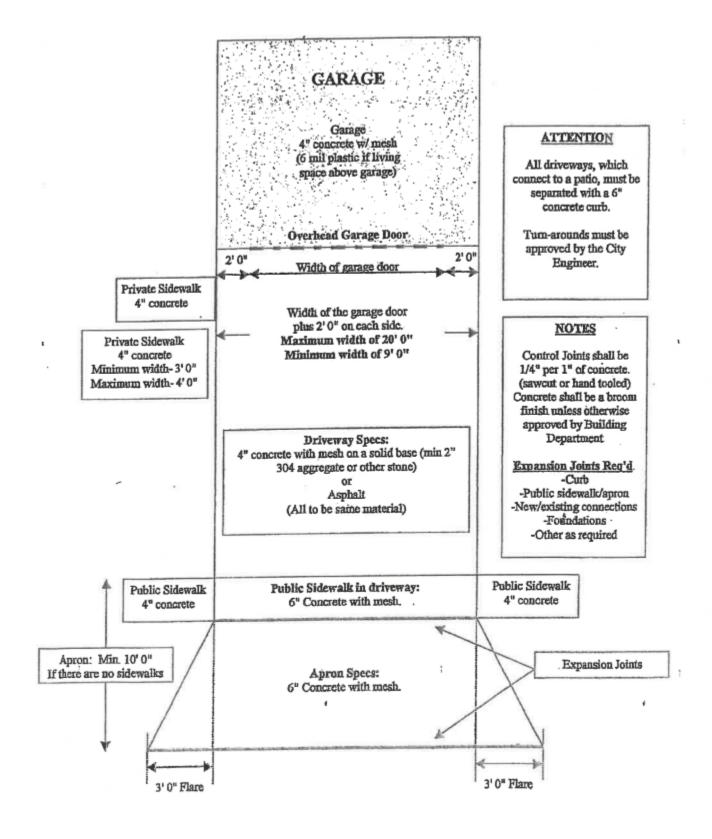
Property Address:						
Sublot Number (new constructi	on):	Zoning District:				
ot Size:x	Total Land Area (in square feet	-):				
Type of Improvement	Proposed Use (residential)	Proposed Use (non-residential)				
New Building	1, 2, 3 - Family (R-4)	Assembly (A 1-5)				
Addition	Multi-Single (R-3)	Business/Office/Bank (B)				
Alteration	Multi-Family (R-2)	Education/Daycare (E)				
Repair/Replacement	Number of Units:	Factory/Industrial (F 1&2)				
Wrecking/Demolition	Transient- Motel/Dormitory (R-1)	High Hazard (H 1-5)				
Moving/Relocation	Number of Units:	Institutional/Childcare (I 1-4) Mercantile/Retail Store (M)				
Foundation Only	Garage (U)					
Principal Type of Frame	Shed (U)	Storage (S 1&2)				
Any Material (type 5)	Deck (U)	Retaining Wall/Fence (U)				
Heavy Timer (type 4)	Retaining Wall (U)	Towners/Tanks/Misc. (U)				
Masonry/Steel (type 3)						
Noncombustible (type 2)	Fence (U)					
Noncombustible (type 1)	<u>Describe the Proposed Work</u> (for nonresidential, describe propose	<u>Describe the Proposed Work</u> (for nonresidential, describe proposed use of building/unit)				
Principal Type of Heating Fu	<u>el</u> ————————————————————————————————————					
Gas						
Oil						
Electricity	Cost or Value of Improvement (including value of labor and					
Other (specify):	materials, even if 'free of cost'): \$	· · · · · · · · · · · · · · · · · · ·				



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Complete	e this Section for New Buildings and A	dditions				
Type of Sewage	Type of Water Supply	Type of Mechanical				
Public	Public	Will there be central Yes conditioning?				
Private (septic)	Private (well/etc.)	□ No				
<u>Dimensions</u>	Number of Off-Street Parking Spaces:	Will there be an Yes elevator?				
Number of Stories:	Enclosed:	No				
Total square feet of floor area		Residential Home				
(based on exterior dimensions):	Outdoor:	Baths:				
		Number of Bedrooms:				
Associated Information						
Homeowner Name:	Homeowner Ph	none Number:				
Homeowner Mailing Address:						
Contractor Name:	Contractor Name: Contractor Phone Number:					
Contractor Mailing Address:						
Designer of Plans Name:	Designer Pho	one Number:				
Designer Mailing Address:						
I am a contractor with a valid Cer	tificate of Registration issued by the	City of Maple Heights, OH.				
I am a homeowner , as defined be	low, and am thereby exempt from th	e registration requirements.				
owns or leases a parcel of land on which less units, attached or detached structure	n he/she resides or intends to reside, on w	ation only, a homeowner is defined as person(s) who which there is or intended to be a dwelling of three or constructs more than one home in a two-year period in homeowner.				
Applicant Information & Signature						
application as his/her authorized agent	and to conform to all City ordinances as	d that I am authorized by the owner to make this well as applicable State and federal laws that may yeen this date and the time a permit is granted.				
Applicant Name:	Applicant P	hone Number:				
Applicant Mailing Address:						
Applicant Signature:		Date:				







REPLACEMENT OF MONOLITHIC CONCRETE SLABS-ON-GRADE FOR ACCESSORY BUILDING

Accessory Building with areas of 200 sq. ft. or less & not more than one story in height:

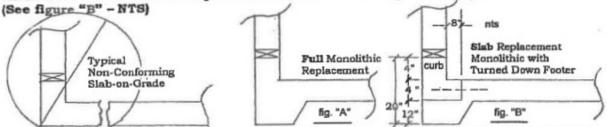
Slabs-on-ground may be removed and replaced without disruption to the walls of the building
 Accessory Buildings OTHER THAN LIGHT FRAMED CONSTRUCTION with areas more than 200 sq. up to
 400 sq. ft. with an eave height no more than 10 ft.

And those Accessory Buildings of LIGHT FRAMED CONSTRUCTION with areas more than 200 sq. ft. up to 600 sq. ft. with and eave height no more than 10 ft. Footings turned down to a depth of 12 inches below grad are required to support the entire structure of the building.

When the entire slab is removed preparation of the sub base must consist of 4 inches of tightly compacted clean fill. Forms must be of 2 x 4 & 2 x 6 ridged materials set in place with ridged support in preparation for placement of concrete monolithically incorporating footing, slab & curbing. This procedure will require the entire structure to be lifted off of the existing slab. (See figure "A" - NTS)

ALTERNATIVE METHOD:

If the existing curbing is intact without stress cracks the existing slab may be saw cut 8 inches away from the curbing, (dowelling or hook bolting the joint between existing and new concrete is optional). If you choose to dowel follow this prescribed method (#4 re-bar 12" in length or hook bolts with expandable anchors recessed 6 inches into pre-drilled holes in the existing concrete spaced 24 – 36 inches o.c.

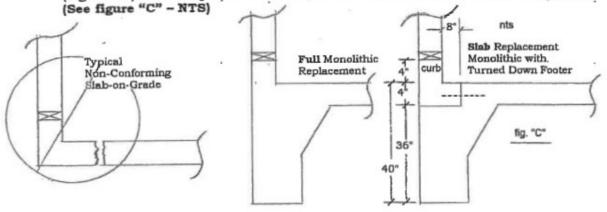


For Accessory Buildings with areas more than 200 sq. ft. & more than 600 sq. ft. with and eave height higher than 10 ft.

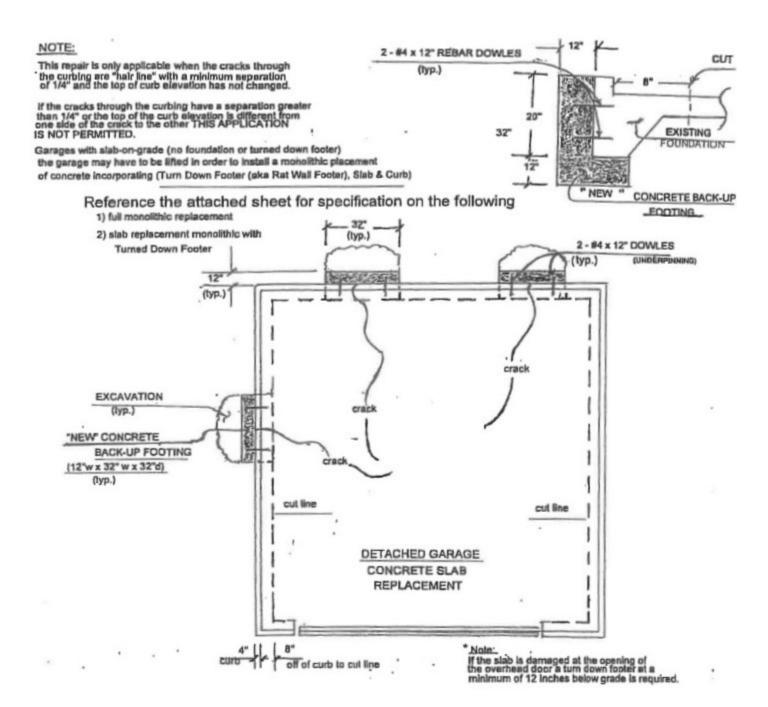
Footers are required to extend a minimum of 36 inches below grade in order to support the
entire load of the structure. This procedure will require the entire structure to be lifted off of
the existing slab.

ALTERNATIVE METHOD:

 Follow the same procedure as described in the above ALTERNATIVE METHOD shown in (Figure "B") with exception of footer depth from 12 inches to 36 inches below grade

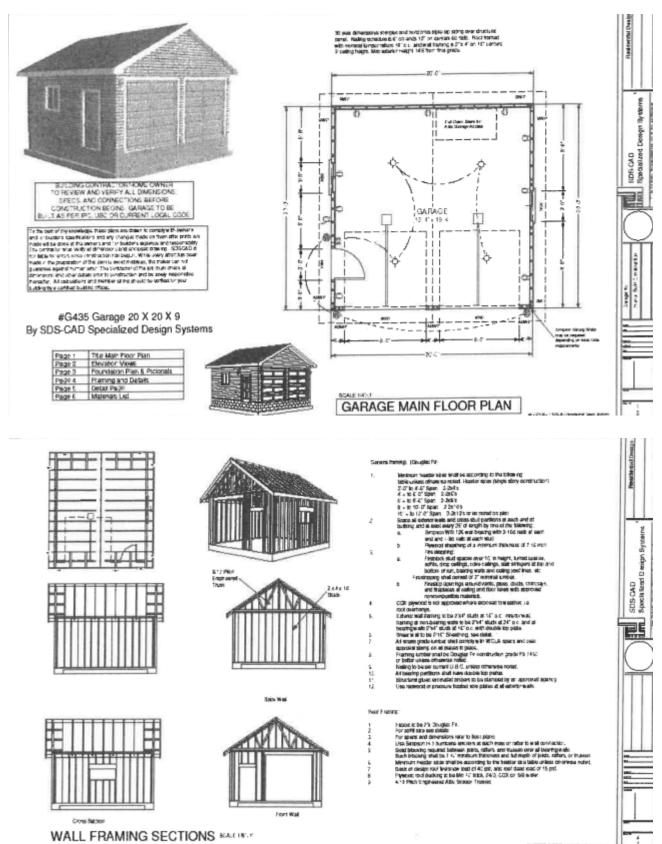






ACCESSORY BUILDING CONCRETE SLAB REPLACEMENT WITH REPAIRS ONLY FOR MINIMUM CRACKS THROUGH THE EXISTING CURB & FOUDATION







	ITEM	CALC	SIZE	LENGTH	O.C.	QTY	
1	MAIN EXT STUDS		2X4	116.5(Varies)	16	52	EA
2	MAIN TREATED SILL					69	LF
3	MAIN EXT PLATES		2X4			216	LF
4	HEADER, (Ext Main Garage Door)	B01	4X12	20		1	EA
5	HEADER, (Ext Main Door)		4X8	4		1	EA
6	HEADER, (Main Window)		4X8	5		1	EA
7	MAIN EXT WALL S.R. (Optional)		1/2" GYP.			621	SF
8	MAIN CEILING S.R. (Optional)		1/2" GYP.			480	SF
9	WALL SHEATH		1/2" CDX			704	SF
10	WALL VAPOR		15# Felt			704	SF
11	SIDING (See Plan)					704	SF
12	CONCRETE (Footing)		12" X 20"			5.43	CY
13	CONCRETE (Stem)		6" X 6"			0.81	CY
14	CONCRETE (Floor)		4"			5.87	CY
15	TRUSSES			20 + OH	24	11	EA
16	TRUSSES (Ends)			20 + OH		2	EA
17	ROOF SHEATH		1/2"			596	SF
18	ROOF FELT		30# Felt			596	SF
19	ROOFING		Composition			596	SF
20	EAVE BLOCKING		2X	22.5	24	24	EA
21	H2.5 RAFTER TIE				24	26	EA
22	BARGE RAFTERS		2X6	13		4	EA
23	ANCHOR BOLTS		5/8"		48	18	EA
24	HD8A W/ SSTB28					4	EA



