



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 construction): _____ Zoning District: _____

Lot Size: _____ x _____ Total Land Area (in square feet): _____

Type of Improvement

- New Building
- Addition
- Alteration
- Repair/Replacement
- Wrecking/Demolition
- Moving/Relocation
- Foundation Only

Principal Type of Frame

- Any Material (type 5)
- Heavy Timber (type 4)
- Masonry/Steel (type 3)
- Noncombustible (type 2)
- Noncombustible (type 1)

Principal Type of Heating Fuel

- Gas
- Oil
- Electricity
- Other (specify): _____

Proposed Use (residential)

- 1, 2, 3 - Family (R-4)
- Multi-Single (R-3)
- Multi-Family (R-2)
- Number of Units: _____
- Transient- Motel/Dormitory (R-1)
- Number of Units: _____
- Garage (U)
- Shed (U)
- Deck (U)
- Retaining Wall (U)
- Fence (U)

Proposed Use (non-residential)

- Assembly (A 1-5)
- Business/Office/Bank (B)
- Education/Daycare (E)
- Factory/Industrial (F 1&2)
- High Hazard (H 1-5)
- Institutional/Childcare (I 1-4)
- Mercantile/Retail Store (M)
- Storage (S 1&2)
- Retaining Wall/Fence (U)
- Towners/Tanks/Misc. (U)

Describe the Proposed Work

(for nonresidential, describe proposed use of building/unit)

Cost or Value of Improvement

(including value of labor and materials, even if 'free of cost'): \$ _____



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Complete this Section for New Buildings and Additions

Type of Sewage

- Public
- Private (septic)

Type of Water Supply

- Public
- Private (well/etc.)

Type of Mechanical

Will there be central conditioning? Yes

No

Dimensions

Number of Stories: _____

Total square feet of floor area
(based on exterior dimensions):

Number of Off-Street Parking Spaces:

Enclosed: _____

Outdoor: _____

Will there be an elevator? Yes

No

Residential Home

Baths: _____

Number of Bedrooms: _____

Associated Information

Homeowner Name: _____ Homeowner Phone Number: _____

Homeowner Mailing Address: _____

Contractor Name: _____ Contractor Phone Number: _____

Contractor Mailing Address: _____

Designer of Plans Name: _____ Designer Phone Number: _____

Designer Mailing Address: _____

I am a **contractor** with a valid Certificate of Registration issued by the City of Maple Heights, OH.

I am a **homeowner**, as defined below, and am thereby exempt from the registration requirements.

Definition of Homeowner: For the purposes of exemption from contractor registration only, a homeowner 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 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 homeowner.

Applicant Information & Signature

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 Name: _____ Applicant Phone Number: _____

Applicant Mailing Address: _____

Applicant Signature: _____ Date: _____