VILLAGE OF NORTH RANDALL
21937 Miles Road
NORTH RANDALL,OH 44128

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date	Type Permit				Is Owner Applicant (Y/N)
____/____/____	☐ Building **(B)**	☐ Electrical **(E)**	☐ Mechanical **(M)**	☐ Plumbing **(P)** ☐ Other **(O)** (See item 9)	

1. PROPERTY INFORMATION

Street Address		Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type	☐ Residential **(R)** ☐ Commercial **(C)**	☐ Industrial **(I)** ☐ Other **(O)**	

2. OWNER INFORMATION

First Name	Last name or Business Name		Phone	
Street Address		City	State	Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR (LAST NAME, FIRST NAME)	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				
	* COST OF CONSTRUCTION *			

No. ____ Street ____

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)
Plan Number	

IMPROVEMENT TYPE:

- ☐ NEW CONSTRUCTION **(1)**
- ☐ ADDITION **(2)**
- ☐ ALTERATION **(3)**
- ☐ REPAIR / REPLACEMENT **(4)**
- ☐ DEMOLITION **(5)**
- ☐ RELOCATION **(6)**
- ☐ FOUNDATION ONLY **(7)**
- ☐ CHANGE OF USE ONLY **(8)**

PROPOSED USE:

ASSEMBLY
- ☐ THEATRE **(1)**
- ☐ NIGHT CLUB **(2)**
- ☐ RESTAURANT **(3)**
- ☐ CHURCH **(4)**
- ☐ OTHER ASSEMBLY **(5)**

☐ **BUSINESS (6)**

EDUCATIONAL
- ☐ (GRADES 1-12) **(7)**
- ☐ DAY CARE FACILITY **(8)**

FACTORY
- ☐ MODERATE HAZARD **(9)**
- ☐ LOW HAZARD **(10)**

☐ **HIGH HAZARD (11)**

INSTITUTIONAL
- ☐ GROUP HOME **(12)**
- ☐ HOSPITAL **(13)**
- ☐ JAIL **(14)**

☐ **MERCANTILE (15)**

RESIDENTIAL
- ☐ HOTEL, MOTEL **(16)**
- ☐ MULTI-FAMILY **(17)**
- ☐ BOCA TWO FAMILY **(18)**
- ☐ CABO TWO FAMILY **(19)**
- ☐ BOCA SINGLE FAMILY **(20)**
- ☐ CABO SINGLE FAMILY **(21)**

STORAGE
- ☐ MODERATE HAZARD **(22)**
- ☐ LOW HAZARD **(23)**

☐ **OTHER (24)**
PARKING GARAGE
CARPORT
MOTOR FUEL SERV.
REPAIR GARAGE
PUBLIC UTILITY
HPM
_____
_____
_____
_____
_____
_____
_____
_____
_____

Structural (check that applicable)
Frame

☐ Steel (1) ☐ Concrete (3) ☐ Other (5), Identify: _____
☐ Masonry (2) ☐ Wood (4)

Exterior (Check those applicable)
Walls

☐ Steel (1) ☐ Concrete (3) ☐ Other (5), Identify: _____
☐ Masonry (2) ☐ Wood (4)

Are any **structural assemblies** fabricated off-site? ☐ Yes ☐ No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)
Est. Start _____/_____/_____	Est. Finish _____/_____/_____	Building Est. Value $

6. ELECTRICAL PERMIT APPLICATION

Electrical Work ☐ Yes ☐ No

Total Service_____AMPS | Number of Circuits:_____2 WIRE _____3 WIRE _____4 WIRE | Number of Service Outlets:_____110V _____220V

	POWER DEVICES	No.	OUTPUT/LOAD		POWER DEVICES	No.	OUTPUT/LOAD
1				7			
2				8			
3				9			
4				10			
5							
6				Total Number of Motors			

Utility Service Revisions:

Est. Start _____/_____/_____	Est. Finish _____/_____/_____	Electrical Work Est. Value $

7. PLUMBING PERMIT APPLICATION

Plumbing Work ☐ Yes ☐ No

Enter the Number of Fixtures Being Installed, Replaced or Repaired

Tubs/Showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N) (Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N) (Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N) (Number of Heads)	
				Total Fixtures	

Public Water (Y/N)	Public Sewer (Y/N)	
Water Service Size _____IN.	Water Meter Size _____IN.	Avg. Daily Water Use _____GPD
Utility Service Revisions:		
Est. Start _____/_____/_____	Est. Finish _____/_____/_____	Plumbing Work Est. Value $

8. MECHANICAL PERMIT APPLICATION

Mechanical Work ☐ Yes ☐ No

Enter Number of New or Replacement Units

Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	

Utility Service Revisions:					
Type of Heating Fuel: (Check One)	☐ Gas **(1)**	☐ Oil **(2)**	☐ Electric **(3)**	☐ Coal **(4)**	☐ Wood **(5)** ☐ Other **(6)**
Est. Start _____/_____/_____		Est. Finish _____/_____/_____			Mechanical Work Est. Value $

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:		
Description of Work:		
Est. Start _____/_____/_____	Est. Finish _____/_____/_____	Est. Value $