PERMIT #_____ APPROVAL #_____ GRADE PLAN #_____	**VILLAGE OF SOUTH RUSSELL** DEPARTMENT OF PUBLIC SAFETY DIVISION OF BUILDING INSPECTION 5205 CHILLICOTHE ROAD SOUTH RUSSELL, OHIO	(FOR OFFICE USE) Permit Fee $_____ Chargeable Area ____Sq. Ft. Addition Area _____Sq. Ft. Habitable Area _____Sq. Ft. Construction Deposit: $_____ ☐ New ☐ Addition ☐ Alteration ☐ Repair Estimated Cost $_____

APPLICATION FOR BUILDING PLAN APPROVAL AND PERMIT

All drawings, including plot plan, elevations and floor plans, also plans for elevator enclosures, must be in duplicate, complete with wall sections showing footer, foundation, floor, walls and roof construction, indicating all structural members, size, spacing, material, etc. Two separate copies of the specifications for the work must be submitted, or the specifications may appear on the plans. The name and address of the author shall be plainly printed in the lower right hand corner on all plans or drawings.

ALL PLANS SUBMITTED SHALL REVEAL SUFFICIENT INFORMATION TO DETERMINE FULL COMPLIANCE WITH THE MINIMUM REQUIREMENTS OF THE OHIO BUILDING CODE AND VILLAGE BUILDING CODE IN THE FIRE LIMITS.

Drawings shall also indicate clearly the principle use or occupancy of the building or structure. Where more than one type use or occupancy is intended, the location and floor area for such uses or occupancies shall be clearly shown on the plans or drawings.

Plot Plans and Grade Plans must be included with the drawings and must indicate distances to other buildings and property lines and as required in Grade Setting Ordinance No. 1979-40.

Any approval or permit issued in connection herewith does not cover the water supply, plumbing, drainage and sewage disposal. The Geauga County Department of Health, Chardon, Ohio, shall be approval agent for all Septic Tank Installation Requests.*

All electrical wiring shall be installed in accordance with the National Electrical Code and shall conform to the requirements of the Ohio Building Code and the current edition of the National Electrical Code.

Date Submitted_____, _____

TO THE BUILDING OFFICIAL:

I, _____ ( )Agent ( ) Owner hereby make application for a PLAN APPROVAL AND PERMIT to erect or build a structure as described in this application and the accompanying drawings which are a part of this application.

LOCATION AND DESCRIPTION OF LOT

No. and Street_____ S/L No._____ Block No._____

Allotment_____ Side of Street_____ Ward_____

Between_____ Street and _____Street

Being_____ feet front and _____feet deep on the _____side

Being_____feet rear and_____feet deep on the _____side

Plans Submitted By: Name Registered No. Address Phone

Grade set by_____

Architect_____

Engineeer_____

DESCRIPTION OF BUILDINGS AND GROUP USES

OCCUPANCY APPLIED FOR - CHECK USE OR USES: OHIO BUILDING CODE

1. GROUP A – (ASSEMBLY) __A-1 __A-1-A __A-1-B __A-2 __A-3 __A-4 __A-5
2. GROUP B – (BUSINESS)
3. GROUP F – (FACTORY & INDUSTRIAL
4. GROUP H – (HIGH HAZARD)
5. GROUP I – (INSTITUTIONAL __I-1 __I-2
6. GROUP M – (MERCANTILE)
7. GROUP R – (RESIDENTIAL) __R-1 __R-2 __R-4
8. GROUP S – (STORAGE) __S-1 __S-2
9. GROUP T – (TEMPORARY & MISCELLANEOUS)
10. MIXED OCCUPANCY

TYPE OF CONSTRUCTION – OHIO BUILDING CODE
(CHECK TYPE APPLICABLE)

FIREPROOF:	NONCOMBUSTIBLE:	HEAVY TIMBER-EXTERIOR MASONRY:	FRAME:
__1-A __1-B	__2-A __2-B __2-C	__3-A __3-B __3-C	__4-A __4-B

Exterior Dimensions – Each floor		Ceiling Height	Square Feet	Inside Dimensions	Square Feet
Basement	X	_____	_____	X	_____
1st Floor	X	_____	_____	X	_____
2nd Floor	X	_____	_____	X	_____
3rd Floor	X	_____	_____	X	_____
4th – 5th Floor					
Indicate Number		Total			

Type Heating: Steam__ HW__ WA__ Other__ Fuel: Gas__ Oil__ Electric__ Coal__

Type Air-Cond.:_____ Tonnage_____ Location: Roof__ Window__ Other__

Elevator – Type:_____ Number:_____ Manufacturer_____

Sprinkler: Yes__ No__ Manufacturer: _____ Number Heads_____

Sanitary Sewers in R/W: Yes__ No__ Septic Tank__ Gallons_____ Permit No._____

Storm Sewers in R/W: Yes__ No__ _____

Water: Municipal__ Well__ Other_____

Soil Test by: Name_____Address_____

Standard Industrial Classification No.:_____

ZONE USE – (OFFICE USE ONLY)

Area of Construction: Zone Map Key_____

Principle Use: Basement_____ 1st Floor_____ 2nd Floor_____

3rd Floor_____4th Floor_____Other_____

ACCESSORY USES: (On same lot)_____

Parking, etc._____spaces to be provided. Treatment of parking surface_____

Conditional Use Permit Required: Yes__ No__ Approval Date:_____

Occupancy Permit Required: Building__ Land__ Approval Date:_____

Do not occupy a building or land until certified approval is requested and approved in writing by the Village of South Russell Building Department official.

If Project is a Building Addition, Give Complete Information on Existing Building Here:

EXTERIOR DIMENSIONS:

AREAS – SQ. FT.	WALLS	ROOF	FLOORS	CEILINGS
Basement_____X____=_____	Masonry___	Wood Frame Supported____	Wood on wood joists_____	Exposed steel joists____
1st Floor_____X____=_____	Frame, wood___	All metal____	Concrete on steel joists____	Exposed wood joists_____
2nd Floor_____X____=_____	Metal_____	Reinforced concrete____	Reinforced concrete_____	Plaster on wood lath_____
3rd Floor_____X____=_____	Other___ (describe below)	Heavy Timber____	Slab_____	Mineral Board____
		Other_____	Other_____	Other_____

Other Floors_____X____=_____ (describe below)

Show any fire walls, their thickness and openings_____

Does addition block exits from present building? If so, how?_____

Comments or other explanation_____

ANY STORAGE UILDING SHOULD INDICATE COMBUSTIBLE___ OR NON-COMBUSTIBLE___ STORAGE.

The proposed Addition, Alteration or Repair consists of:

Occupancy in added or altered area: OBC No._____ Write In_____

Contractor's Name	Address	Phone
*General		
*Mason		
*Carpenter		
*Plumber		
*Electrical		
*Heat		
*Sewer Builders		

*Required to be licensed or registered.

AGREEMENT

The acceptance of the Approval and Permit herein applied for shall constitute an agreement on my/our part to abide by all the conditions herein contained, and to comply with all laws and ordinances of the Village and the laws of the State of Ohio relating to the work to be done thereunder; and said agreement is a condition of said Approval and Permit. It is a further condition of the Approval and Permit that contingencies noted or attached shall be completed.

The undersigned further states and affirms under the penalties of perjury that all of the foregoing statements and all the information contained is true. The undersigned further understands and is aware that any false statements contained in the foregoing application will render the undersigned liable to criminal prosecution.

Phone_____ Sig. Owner_____

Owner's Address_____

Sig. Authorized Agent_____

Phone_____

Address_____

CCA - MUNICIPAL INCOME TAX FORM

Date Permit Issued _____ Homeowner _____ Contractor Name _____

Municipality SOUTH RUSSELL VILLAGE Address _____ Address _____

Amount of Contract _____ For _____ City _____

Bldg. Permit # _____ Subdivision _____ F.I./S.S. # _____

TYPE	SUB CONTRACTORS	ADDRESS	F.I./S.S. #	CONTRACT AMOUNT	CCA
Excavation					
Trenching					
Sanitary Sewer					
Septic					
Storm Sewer					
Footers					
Down Spouts					
Masonry/ Block					
Concrete					
Heating					
Electric					
Plumbing					
Deck					
Walk/Patio					
Drive					
Fireplace					
Rough Carpenter					
Other					