

Date received _____

Application No. _____

Project value _____

Permit No.	Total of all fees	\$
Date permit issued	Receipt No. _____	

City of Broadview Heights Building & Zoning Department
9543 BROADVIEW ROAD, BROADVIEW HEIGHTS, OHIO 44147-2301
TEL: 440-526-6864 FAX: 440-526-3091
www.broadview-heights.org

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

AT (LOCATION) STREET NUMBER

IDENTIFICATION	TO BE FILLED OUT BY ALL APPLICANTS			PRINT OR TYPE ALL INFORMATION
	NAME	MAILING ADDRESS	ZIP CODE	PHONE, FAX, MOBILE NUMBERS
1. OWNER OR LESSEE				
2. CONTRACTOR				

_____ I AM A CONTRACTOR/SUBCONTRACTOR

_____ I AM A HOMEOWNER

EVERY CONTRACTOR AND SUBCONTRACTOR SHALL BE REGISTERED, BONDED, INSURED AND LICENSED BY THE CITY OF BROADVIEW HEIGHTS

DESCRIBE, IN DETAIL, THE PROPOSED WORK.

COST OR VALUE OF IMPROVEMENT INCLUDING VALUE OF LABOR AND MATERIALS, EVEN IF FREE OF COST.

\$ _____

CERTIFICATION: I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I AM AUTHORIZED BY THE OWNER(S) TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT(S) AND TO CONFORM TO THE CITY ORDINANCES AS WELL AS ALL 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 ISSUED. FURTHER, I CERTIFY, UNDER THE PENALTIES OF PERJURY, THAT ALL INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE. FALSE INFORMATION SHALL BE CAUSE FOR PERMIT REVOCATION.

APPLICANT'S PERSONAL NAME	
COMPANY NAME (IF APPLICABLE)	
APPLICANT'S PHONE, FAX, AND MOBILE PHONE NUMBERS	
APPLICANT'S SIGNATURE	DATE

SUBMIT WITH APPLICATION: (2) SETS OF DETAILED DRAWINGS

SITUATION PLAN

Address _____

Is this a corner lot? _____

GIVE DISTANCES FROM BUILDING TO LOT AND STREET LINES, AND OTHER BUILDINGS ON THE SAME LOT, ALSO TO BUILDINGS WITHIN 10 FEET ON ADJACENT LOTS.

A large grid for drawing a situation plan. The grid is composed of 30 columns and 30 rows of small squares, providing a space for the user to draw the layout of the lot, buildings, and street lines.

If applying for fence, please answer: Type of Fence: _____ Height: _____ Length: _____

City of Broadview Heights

BUILDING & ZONING DEPARTMENT

COMMUNITY BUILDING

9543 BROAD VIEW ROAD, ROOM # 212

BROADVIEW HEIGHTS, OHIO 44147-2301

TEL: 440-526-6864; FAX: 440-526-3091

INSTRUCTIONS

A complete list of all contractors and subcontractors that will work on the proposed project will need to be submitted as part of the application package.

Failure to complete *each* line of the new form with the subcontractors' names will be considered to be an incomplete application, resulting in a delay or denial of the permit. For instance, if the 'homeowner' is to perform a specific trade, note the word 'homeowner' on that line. If the trade does not apply, write in 'N/A'.

The *Building Trade License* is required for any contractor/subcontractor that does work that exceeds \$1,000 in value. The *Registration with the Tax Administrator* is required from all contractors/subcontractors, regardless of their trade or the dollar value of their work.

It will expedite matters if you check with your subcontractors, or the City, to insure that they are Registered (and Licensed where required) for the calendar year(s) in which you intend to do construction work. If any of them are not Registered (and Licensed where required) the City will not issue the building permit until every one of them has done so. Work may not commence until a permit has been issued.

Should you have any question(s) please do not hesitate to contact the Building & Zoning Department for information.

SUFFICIENT COPIES OF DRAWINGS MUST BE SUBMITTED WITH APPLICATION.

24 hour inspection notice required – inspection will be within 48 hours
Call 440-526-6864 between 8:30 a.m. and 4:00p.m. for inspections,
or fax inspection request to 440-526-3091