

# RESIDENTIAL BUILDING PLAN APPROVAL APPLICATION



## CITY OF MIDDLEBURG HEIGHTS

Building Department

15700 Bagley Road

Middleburg Heights, OH 44130

Phone (440) 234-2218

Website: [middleburgheights.com](http://middleburgheights.com)

E-mail: [building@middleburgheights.com](mailto:building@middleburgheights.com)



Application is hereby made for the construction as described in detail below at the location given. The acceptance of the permit herein applied for shall constitute an agreement on the part of the undersigned to abide by all conditions therein contained and to comply with all ordinances of the City of Middleburg Heights and the laws of the State of Ohio relating to the work to be done there under and said agreement is a condition of said permit. Furthermore, I agree to notify the Division of Building for inspections as follows: **FOOTERS BEFORE POURING; FRAMING; ELECTRICAL WIRING, PLUMBING, HEATING PIPES, ETC. BEFORE COVERING; FOUNDATIONS AND DRAINS BEFORE BACKFILLING; AND FINALS FOR OCCUPANCY.**

**\*INCOMPLETE FORMS WILL DELAY PLAN APPROVALS \***

Please submit this completed application with required items noted on separate Plan Approval Application.

**TYPE OF PROJECT:**     New Home Construction     Addition     Interior Remodel     Garage Replacement     Spa/Hot Tub  
 Above-Ground Pool     In-Ground Pool     Accessory Structure (Shed/Pre-Built Shed/Gazebo/Pavilion/Other Open Structure)

Provide square footage of new construction, additions, garage replacements, decks, and accessory structures: \_\_\_\_\_

### OWNER INFORMATION/PROJECT LOCATION:

Owner Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Project Location (if different from above) \_\_\_\_\_

**JOB DESCRIPTION:** \_\_\_\_\_

### ESTIMATED CONSTRUCTION COST:

Building \$ \_\_\_\_\_

Electric \$ \_\_\_\_\_

Plumbing \$ \_\_\_\_\_

Heating \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

### APPLICANT INFORMATION: (OWNER OR OWNER'S AUTHORIZED AGENT – IF AGENT, PLEASE SUBMIT WRITTEN AUTHORIZATION)

Applicant/Company Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

E-mail \_\_\_\_\_

**CERTIFICATION:** I certify that I am:     Owner     Owner's Authorized Agent (contractor or design professional)

All information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my (Applicant) e-mail address and copied to the Owner's email address.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

NOTE: BEFORE ANY JOB IS STARTED, ALL CONTRACTORS MUST BE REGISTERED AND A PERMIT MUST BE APPROVED AND ISSUED. ANY JOB STARTED BEFORE APPROVAL AND ISSUACE OF A PERMIT SHALL BE SUBJECT TO A PENALTY.

### FOR CITY USE ONLY

DATE RECEIVED: \_\_\_\_\_

WALK IN

MAIL IN

PROCESSED BY: \_\_\_\_\_

APPROVAL: \_\_\_\_\_

BUILDING COMMISSIONER

DATE