



# CITY OF AMHERST

480 Park Avenue, Amherst Ohio 44001 • ph. (440) 988-3734 fax (440) 988-3764

## APPLICATION FOR RESIDENTIAL BUILDING PERMIT

Date: \_\_\_\_\_ New: \_\_\_\_\_ Addition: \_\_\_\_\_ Alteration: \_\_\_\_\_ Repair: \_\_\_\_\_

\_\_\_\_\_ BUILDING \_\_\_\_\_ ELECTRICAL \_\_\_\_\_ HVAC/R \_\_\_\_\_ PLUMBING

\_\_\_\_\_ FIRE SUPPRESSION \_\_\_\_\_ OTHER (describe) \_\_\_\_\_

Property Owner _____	Phone _____
Address _____	PP: _____ - _____ - _____ - _____
Contractor _____	Phone _____
Total Estimated Cost _____	Square Footage of Work _____
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Describe the full scope of work to be performed as applied for on this permit application. Provide drawings, sketches and/or pictures as required.	
_____	
_____	
_____	

### SUBMITTAL REQUIREMENTS:

- Two (2) complete construction plans including, as applicable per the permit application, plumbing isometrics, HVAC heat/loss calculations and ductwork layouts, electrical layouts, site plan and TOPO (or combination site plan/TOPO)
- Two (2) grading plans (for new construction and/or additions)

Permit shall include only such work as detailed in this application. Permit is valid for twelve (12) months from the date of issue unless an extension is otherwise granted by the Building Official.

### 24-HOUR NOTICE REQUIRED FOR ALL INSPECTIONS

ALL other residential inspections shall be conducted between 8:30 AM and 3:30 PM Monday through Friday  
Electrical inspections shall be conducted after 4:00 PM - Monday/Wednesday/Friday

**ALL contractors and sub-contractors are required to be properly registered with the Amherst Building Department prior to starting any work on the project subject to this application. Provide list on back of form.**

I hereby agree to the conditions of this Application for Residential Building Permit and to comply with all Ordinances of the City of Amherst, and the Law of the State of Ohio, relating to work to be completed thereunder. I further agree to abide by the interpretations of said codes and ordinances as interpreted by the Code Official having authority.

\_\_\_\_\_

Print Name \_\_\_\_\_ Signature of Applicant/Agent \_\_\_\_\_

**\*\*Please include a self addressed stamped envelop if you wish to have your permit mailed to you\*\***

**PERMIT CARDS WILL NOT BE FAXED**

## LIST OF CONTRACTORS WORKING ON PROJECT

GENERAL	<hr/>	PHONE	<hr/>
UTILITIES	<hr/>	PHONE	<hr/>
EXCAVATION	<hr/>	PHONE	<hr/>
FOUNDATION	<hr/>	PHONE	<hr/>
CONCRETE FLATWORK	<hr/>	PHONE	<hr/>
MASONRY	<hr/>	PHONE	<hr/>
ROUGH CARPENTRY	<hr/>	PHONE	<hr/>
ELECTRICAL	<hr/>	PHONE	<hr/>
PLUMBING	<hr/>	PHONE	<hr/>
HVAC/R	<hr/>	PHONE	<hr/>
FIRE SUPPRESSION	<hr/>	PHONE	<hr/>
STRUCTURED WIRING	<hr/>	PHONE	<hr/>
SECURITY	<hr/>	PHONE	<hr/>
INSULATION	<hr/>	PHONE	<hr/>
ROOFING	<hr/>	PHONE	<hr/>
SIDING	<hr/>	PHONE	<hr/>
GUTTERS	<hr/>	PHONE	<hr/>
DRYWALL	<hr/>	PHONE	<hr/>
PAINTING	<hr/>	PHONE	<hr/>
FLOORING	<hr/>	PHONE	<hr/>
LANDSCAPING	<hr/>	PHONE	<hr/>
other/specify	<hr/>	PHONE	<hr/>
other/specify	<hr/>	PHONE	<hr/>
other/specify	<hr/>	PHONE	<hr/>
other/specify	<hr/>	PHONE	<hr/>