

ENGINEERING SITE DESCRIPTION

IX. LOCATION AND DESCRIPTION OF LOT ROOM 518

- ADDRESS VERIFICATION REQUIRED
LOT DESCRIPTION/VERIFICATION REQUIRED

Project Address, Permanent Parcel No., AKA, Side of Street, Between, Being, Feet Front and, Feet Deep on the, Side, Being, Feet Rear and, Feet Deep on the, Side, See Setback Below, Change Grade of Hillside, Consolidation/Split Req., Appr. Map No.

X. ZONING ORDINANCE

Sanborn Map Vol., Page, Zoning Map Sht., Zoning Use, Area, Height, Proposed Use, Lot Area, Accessory Use, Floor Area

YARDS: Front, Rear, Side, Side. Required, Provided. Off Street Parking Provided, Credit, Required, Central Business District, Yes, No

XI. OVERLAY DISTRICTS

Table with columns: REQUIRED (YES, NO), GRANTED (YES, NO). Rows: Landmarks approval, Planning Commission approval

CALCULATIONS

Blank lines for calculations

XII. VIOLATIONS

Blank lines for violations

NOTES AND COMMENTS

Blank lines for notes and comments

PERMIT APPLICATION REVIEWED BY: ADDRESS CHECKED? YES NO VIOLATIONS CHECKED? YES NO VIOLATIONS ATTACHED? YES NO INSPECTOR ASSIGNMENT:

FOR OFFICE USE ONLY

Permit No., Plan No., Census Tract, SPA, Ward, BUILDING, HOUSING, DEMO, OTHER, FRAME, MASONRY, PLAN PROCESSING FEE, ZONING ONLY, RECEIPT NO., DATE, PERMIT COST, X = \$, Subtotal = \$, 1% State Fee = \$, Late Fee = \$, C.O. = \$, TOTAL = \$

CITY OF CLEVELAND DEPARTMENT OF BUILDING & HOUSING

PERMIT APPLICATION FOR 1,2, & 3 FAMILY DWELLING UNITS

IMPORTANT — APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I-IV

I. PROJECT ADDRESS

FLOOR, SUITE, AKA

II. A. NATURE OF JOB

- New, Addition, Other, Alteration, Demolition, Foundation Only, Use, Correct Violations, Temporary Use, Change of use-indicate former use

II. B. USE

- ONE FAMILY, TWO FAMILY, THREE FAMILY, ACCESSORY USE:

III. CONSTRUCTION COST

New =, Addition =, Alterations =, Electrical =, Plumbing =, HVAC =, Fire Protection =, TOTAL COST = \$

IV. DESCRIPTION BY APPLICANT (Describe in detail proposed work and use of property)

Blank lines for description

V. IDENTIFICATION (Please print legibly)

Table with columns: Name, Address, City, State, Zip, Phone/Fax. Rows: 1. Property Owner, 2. Contractor, 3. Architect/Engineer, 4. Contact Person

I hereby certify 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 we agree to conform to all laws of this jurisdiction. Any false statements, information, or omissions shall result in this permit application being deemed null and void.

SIGNATURE OF CONTRACTOR (OR HOMEOWNER), FED. I.D. OR SOC. SEC. #, APPLICATION DATE

SIGNATURE OF APPLICANT, DATE, CONTRACTORS REGISTRATION APPROVED BY

VI. PROJECT DESCRIPTION (Describe in detail proposed work and use of building) BY PLAN EXAMINER

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NOTES

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VII. A. TABLE OF DATA REQUIRED (For all buildings)

STORIES	B	1	2	3					TYPICAL	ROOF
DESIGN LIVE LOAD										
OCCUPANT LOAD										

VII. B. SPECIAL INSPECTOR

FOUNDATION  
\_\_\_\_\_  
 SOIL COMPACTION  
\_\_\_\_\_  
 OTHER  
\_\_\_\_\_  
 OTHER  
\_\_\_\_\_

D. FIRE PROTECTION

Smoke Detector Existing Home  
 Interconnected Detector New Homes  
 \_\_\_\_\_  
\_\_\_\_\_

VIII. APPEALS

BOARD OF ZONING APPEALS

Variance Req'd  YES  NO    Granted  YES  NO    Calendar # \_\_\_\_\_

BOARD OF BUILDING APPEALS

Variance Req'd  YES  NO    Granted  YES  NO    Docket # \_\_\_\_\_

PLAN EXAMINERS SIGNATURE SHEET

I have examined the data furnished by the applicant and same is approved.

RECEIVED \_\_\_\_\_

DATE

BY \_\_\_\_\_

PLAN EXAMINER

SIGNATURE/DATE

Address and/or Room No.

COMMENTS

- Zoning \_\_\_\_\_
- Landmark Commission - Rm. 519 \_\_\_\_\_
- City Planning - Rm. 501 \_\_\_\_\_
- Dept. of Comm. Development \_\_\_\_\_

Examiner of Plans \_\_\_\_\_

Structural \_\_\_\_\_

Plumbing \_\_\_\_\_

HVAC \_\_\_\_\_

Electrical \_\_\_\_\_

Division of Fire - 1645 Superior Ave. \_\_\_\_\_

Div. of Eng. & Construction - Rm. 518 \_\_\_\_\_

Department of Health - 1925 St. Clair Ave. \_\_\_\_\_

Division of Water - 1201 Lakeside Ave. \_\_\_\_\_

Water Pollution Control - 12302 Kirby Ave. \_\_\_\_\_

Division of Traffic - Rm. 518 \_\_\_\_\_

Bureau of Sidewalks - Rm. 518 \_\_\_\_\_

Division of Streets - Rm. 25 \_\_\_\_\_

Division of Air Quality - 1925 St. Clair \_\_\_\_\_

Housing Records - Rm. 517 \_\_\_\_\_

Fire Damage/Condemnation \_\_\_\_\_

OTHER \_\_\_\_\_

Approved \_\_\_\_\_  
CHIEF BUILDING OFFICIAL

Per \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_