



DATE RECEIVED

CITY OF EASTLAKE
DIVISION OF INSPECTIONS

DATE SENT _____

SERVICE DEPT.

- YARD & PARKING
- GRADE & DRAINAGE
- APPROVED
- DISAPPROVED
- APPROVED w/Modifications

INITIAL _____ DATE _____

APPLICATION FOR BUILDING PERMIT

BUILDING PERMIT to be used _____ S/L _____
STREET ADDRESS _____

GENERAL CONTRACTOR

NAME _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

PHONE NO. _____

SUB CONTRACTOR

ELECTRICAL _____

PLUMBING _____

H V A C _____

MISCELLANEOUS _____

PROPERTY OWNER INFORMATION

NAME _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

PHONE NO. _____ BUS. PHONE _____

AGENT / TENANT

NAME OF FIRM _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

PHONE NO. _____

TA/Permit No. _____

Address of Project _____

Date Issued _____

All construction documents submitted shall contain sufficient information to determine full compliance with the minimum requirements contain within the current adopted Ohio Building Code and the Codified Ordinances of the City of Eastlake. Please submit 9 site plans and 4 construction documents along with any other pertinent information to achieve compliance with the minimum requirements contain within the current adopted Ohio Building Code and the Codified Ordinances of the City of Eastlake.

All Plumbing, Electrical, HVAC and Energy Conservation installations shall be installed in accordance with the current adopted Ohio Plumbing Code, the current adopted National Electrical Code and the current adopted Ohio Mechanical Code and the current adopted Energy Conservation Code as related to the current adopted Ohio Building Code and the Codified Ordinances of the City of Eastlake.

BUILDING INFORMATION

ESTIMATED PROJECT VALUE			\$	RESIDENTIAL	
ESTIMATED SITE DEVELOPMENT COST			\$		
PERMIT TYPE		AREA		Check Appropriate Floor(s)	Total Square
USE GROUP				A. Basement	
CONST. TYPE		HEIGHT		B. First Floor	
FIRE CODE		STORIES		C. Second Floor	
				D. TOTAL SQUARE FEET	

For OBBC Construction, complete the following items:

PLANS PREPARED BY: OHIO REGISTERED ARCHITECT ____ OR ENGINEER ____

NAME _____ ADDRESS _____ PHONE _____ LICENSE NO _____

APPROVAL DATE: _____ PLAN EXAMINER: _____ CBO: _____

FLOORS	TOTAL AREA PER FLOOR (SQ. FT.)	OCCUPANCY LOAD	MAX. LIVE LOAD LBS./SQ. FT.	NUMBER OF EXITS	
(A) BASEMENT					
(B) 1st FLOOR					
(C) 2nd FLOOR					
(D) 3rd, 4th, 5th					
(E) ROOF					
(F) TOTAL					

DESCRIPTION OF PROJECT:

Signed by Owner or His Representative

TYPE OF INSPECTION		OK DATE	INSP. INT.	DATES OF REJECTIONS	COMMENTS
FOOTINGS / FOUNDATIONS	TEMPORARY DRIVE				
	FOOTING				
	FOUNDATION				
	DOWNSPOUTS				
	CONCRETE SLAB				
	CONCRETE SLAB				
	DRIVEWAY / WALKS				
FRAMING	FRAMING				
	INSULATION				
FIREPLACE	FOOTING				
	THROAT HIGH				
	FIRE & DRAFT STOPPINGS				
	FINAL				
ELECTRICAL	TEMPORARY SERVICE				
	UNDERGROUND				
	ROUGH				
	FINAL				
HEATING	UNDERGROUND				
	ROUGH				
	FINAL				
PLUMBING	UNDERGROUND				
	ROUGH				
	FINAL				
FINAL OCCUPANCY	ENGINEERING / FINAL GRADE				
	BUILDING FINAL				
	PINSET LETTER				DEPOSIT REFUND
	RELEASE TO WATER DEPT.				
	TEMPORARY OCCUPANCY				
	CERTIFICATE OF OCCUPANCY				