

BUILDING DEPARTMENT

WRITE IN ALL INFORMATION	EST VALUE	TAX MAP PAGE #	LOT ACRE	ALLOTMENT NAME OR	LOCATION – LEGAL DESCRIPTION	
	CHECK BOX OR WRITE IN TYPE OF WORK	NEW BLDG	EXIST BLDG	OTHER STRUCTURES	ADD	ALTER
	SIGNS	MOVING		SIDING		DEMOLITION

APPLICATION IS HEREBY MADE FOR PERMIT TO DO WORK AS FOLLOWS:
CLASSIFICATION OF USE GROUP

SINGLE FAMILY DWELLING DUPLEX 3 FAMILY APARTMENT O.B.C. CHAPTER RETAIL-COMMERCIAL-INDUSTRIAL

SHOW NUMBER OF UNITS

CHECK PROPER BOX	CLASSIFICATION OF CONSTRUCTION					COMBUSTIBLE			
	FIRE PROOF TYPE I	SEMI-FIRE PROOF TYPE 11	HEAVY TIER TYPE 111	PROTECTED	WOOD FRAME TYPE V	PROTECTED	UNPROTECTED		
	1A	1B	2A	2B	3A	UNPROTECTED 3C	1,2,&3 FAMILY ONLY	4A YES	4B NO
	PROJECT ADDRESS					ZONING APPEAL?			
	OVERALL DIMENSIONS					TOTAL FLOOR AREA (ALL FLOORS)		SQ. FT.	
	NO. OF STORIES		TYPE OF FOUNDATION			TYPE OF FLOOR			
	TYPE OF EXTERNAL WALLS			TYPE OF INTERNAL PARTITIONS			TYPE OF ROOF		

CONNECTION TO SEWER CONNECTION TO CESSPOOL WATER SOURCE

NO PART OF THIS BUILDING WILL BE NEARER THAN _____ FT. INCHES TO NEAREST ADJOINING PROPERTY LINE
 NO PART OF THIS BUILDING WILL BE NEARER THAN _____ FT. INCHES TO NEAREST BUILDING
 NO PART OF THIS BUILDING WILL BE NEARER THAN _____ FT. INCHES FROM STREET RIGHT OF WAY LINE

BUILDING OWNER ADDRESS

GENERAL CONTRACTOR ADDRESS PHONE #

PLAN MAKER ADDRESS

PLUMBING SUB-CONTRACTOR

ELECTRICAL SUB-CONTRACTOR

HEATING SUB-CONTRACTOR SIGNATURE OF APPLICANT

PERMISSION IS HEREBY GIVEN/DENIED TO DO THE ABOVE WORK ACCORDING TO THE CONDITIONS HEREON AND ACCORDING TO THE APPROVED PLANS AND SPECIFICATIONS PERTAINING THERETO. SUBJECT TO COMPLIANCE WITH ORDINANCES OF THE CITY OF RAVENNA AND STATE OF

OHIO. CONSTRUCTION TO BE COMPLETED ON OR ABOUT _____ 20_____.

DATE _____ 20_____ APPROVED BY _____ CHIEF BUILDING OFFICIAL

WARNING! PERMIT PLACARD MUST BE POSTED ON THE SITE OF THE WORK – STREET SIDE. BE SURE YOU ARE FULLY INFORMED ON BUILDING AND ZONINGS LAWS BEFORE BEGINNING YOUR WORK – PERMIT VALID FOR 365 DAYS.

ZONING REGULATIONS

BUILDING INSPECTION TO INSPECT THE FOLLOWING BY PERMIT NUMBERS

	RESTRICTIONS
1. ZONING: BEFORE EXCAVATING	
2. FOOTERS: BEFORE POURING	
3. FOUNDATION: BEFORE FILLING AROUND SAME USE _____ HEIGHT _____ AREA _____ SETBACK _____	
4. FRAMING, PLUMBING, ELECTRIC, HEATING: BEFORE LATHING OR INSULATION	
5. FINAL: MUST BE MADE BEFORE THE BUILDING OR ADDITION CAN BE OCCUPIED. REAR YARD _____ SIDE YARD _____ R _____ L _____	

WHITE – OFFICE COPY FILE BRIGHT YELLOW – OFFICE COPY REF. LIGHT YELLOW – INCOME TAX PINK APPLICANT

NO: _____