



City of Lakewood

RESIDENTIAL

Housing and Building Division

FOR OFFICE USE ONLY

12650 DETROIT AVENUE
LAKEWOOD, OH 44107
(216) 529-6270 • Fax: (216) 529-5930

Project Application

APPLICANT MUST COMPLETE ALL APPLICABLE ITEMS BELOW

PROJECT ADDRESS: OR Permanent Parcel Number:

FLOOR: SUITE: BLDG#: CONDO [] Yes [] No

RELATED VIOLATION CASE: DATE:

RELATED PROJECT APPLICATION : -

SCOPE OF PROJECT (Check all that apply):

- [] New SF [] Addition SF [] Water Controlling
[] Alteration [] Garage SF [] Waterproofing
[] Fence [] Correct Violations [] Temporary Use
[] Demolition [] Paving SF [] Swimming Pool SF
[] Deck [] Other (Please specify):
[] Change of Use (Indicate former use):

USE DESCRIPTION (1 Family, Warehouse, etc.):

PROJECT DESCRIPTION (Include scope, dimension, location): [] Plans Attached

See Reverse Side for ELEC, HVAC, PLMB

Permits Requested: [] BLDG [] ELEC [] PLMB [] HVAC

CONSTRUCTION COST:

New/Addition: = Alterations: =
Electrical: = Plumbing: =
HVAC: = TOTAL JOB COST: = \$

Application No.:

Zoning District:

Application Type:

Application Status:

Total Cost:

Public Bldg. Flag: Yes No

Inspector Dept.: C H Apt

Assigned Inspector:

Master Plan No.: Bldg/Seq:

Work Description Codes:

Plan Received By:

Plan Review Fee: Y N State 1%: Y N

Project Plans: N/A Not Provided Incomplete
Submitted Rejected Approved

Construction Type:

Occupancy Type:

Permit Type: Approved By: Permit Fees:
\$
\$
\$
\$

State 1% Fee:

Approvals: Initials: Ref Date/Docket

BLDG: _____

Zoning: _____

Planning: _____

BBS/ARB: _____

PW/Engineer: _____

Health: _____

Fire: _____

Water/Sewer: _____

BUILDING PROJECT CONTACTS

Property Owner: Phone:

Mailing Address: City: ST: Zip:

[] Subcontractor License/Reg. No.:

[] General Contractor: Phone:

Mailing Address: City: ST: Zip:

Architect/Engineer: Phone:

Mailing Address: City: ST: Zip:

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 the application as his authorized agent and we agree to conform to all laws of this jurisdiction.

SIGNATURE OF CONTRACTOR / OWNER

DATE

Projected Completion Date:



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Project Permit Specifications

Application No.:

Application Type:

State 1% Fee: Yes No

Assigned Inspector:

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PROJECT ADDRESS: OR Permanent Parcel Number:

ELECTRICAL PERMIT

Items	Qty	Cost per	Extended cost
Base Fee		\$30.00	\$30.00
Each 120 volt receptacle		3.00	
Each fixture outlet		3.00	
Each outlet or receptacle in excess of 120 volts		12.00	
Motors (each unit): 1/4 HP or less		10.00	
1/3 hp to and including 3/4 HP		15.00	
.7/8 HP to and including 5 HP		20.00	
Over 5 HP		25.00	
X-ray machines or equipment		50.00	
Corrections or Alterations		20.00	
Panel, services, related equipment, and disconnects		50.00	
Low voltage smoke and/or fire alarm systems		50.00	
Subcontractor Name:		Total	

PLUMBING PERMIT

Items	Qty	Cost per	Extended cost
Base Fee		\$30.00	\$30.00
Lavatories, sinks, laundry trays, bath tubs, showers, standpipes, combination fixtures, urinals, water closets, floor drains, area drains, yard drains, refrigerator drains, dishwashers, sterilizers, dental chairs, water filters, ejector, sump pumps, garbage grinders, grease interceptor, and each three feet or fraction thereof of gang shower length, per each unit		3.00	
Gas Piping: For each outlet		5.00	
Each indoor sprinkler head		5.00	
Each outdoor sprinkler head		2.00	
Each inside leader		3.00	
Each air admittance valve		10.00	
Hot water storage tanks: Up to and including 150 gallon capacity		5.00	
151 gallon and up to and including 300 gallon capacity		8.00	
301 gallon and more		10.00	
Each drain or sewer per 100 feet of aggregate length or part thereof according to diameter:			
Up to and including 6 inches in diameter		10.00	
8 inch diameter		15.00	
10 inch diameter		20.00	
12 inch diameter		25.00	
Potable water piping per 100 feet of aggregate length or part thereof (excluding service line governed by Water Dept.)		10.00	
Subcontractor Name:		Total	

HVAC PERMIT

Unit	Qty	Make	Model	BTU's/Tons of Cooling	Type of Fuel	New or Replacement
Warm Air Furnace						<input type="checkbox"/> New <input type="checkbox"/> Replacement
Boiler						<input type="checkbox"/> New <input type="checkbox"/> Replacement
Unit Heater						<input type="checkbox"/> New <input type="checkbox"/> Replacement
Heat Pump						<input type="checkbox"/> New <input type="checkbox"/> Replacement
Air Conditioner						<input type="checkbox"/> New <input type="checkbox"/> Replacement
Solar						<input type="checkbox"/> New <input type="checkbox"/> Replacement
Other						<input type="checkbox"/> New <input type="checkbox"/> Replacement

If new whole house A/C, cost is: \$ _____ Increase in heating BTU's: _____ (Add \$40.00 Base Fee)

Subcontractor Name:

Permit Fee: \$ _____