



Case #:

City of Lakewood Division of Housing and Building
12650 DETROIT AVENUE • LAKEWOOD, OH 44107 • (216) 529-6270 • Fax: (216) 529-5930
Building.permits@lakewoodoh.net

Building Permit Application

PROJECT ADDRESS:

Suite/Unit #

or **PERMANENT PARCEL NUMBER:**

PROPERTY CLASSIFICATION: 1, 2 or 3 Family OR Commercial (includes multifamily and condominiums)

USE DESCRIPTION: (1-Family, Retail, Restaurant, etc.) Change of Use?

PERMIT TYPE: Building *Plumbing *Mechanical *Electrical ***(complete reverse side)** 

RELATED CASES: Correction Notice Plan Review A.B.R. Approval

Case Number:

SCOPE OF PERMIT (Check all that apply):

- New Primary Structure Addition Alteration Repair Equip. Replacement Commercial Sign
- Tent or Temporary Rear Deck Shed Pool Water Controlling Waterproofing
- Commercial Hood Fire Suppression Fire Alarm HVAC Refrigeration
- Demolition Paving Storm Sewer Other (Please specify): _____

***VALUATION: (cost of the work) \$**

PROJECT SIZE: (in square feet)

BRIEF DESCRIPTION OF WORK: (Include scope, dimension, location) _____ DRAIN _____ NO DRAIN

PROPERTY OWNER NAME:

Phone:

Business Name (if applicable)

Email:

Mailing Address:

City:

State:

Zip:

CONTRACTOR NAME:

Phone:

License/Reg. No.:

Email:

Mailing Address:

City:

State:

Zip:

ARCHITECT/ENGINEER:

Phone:

Mailing Address:

City:

State:

Zip:

I hereby certify all information contained in this application is true, accurate and complete to the best of my knowledge. Furthermore, I am the property owner of record; or an authorized representative of the contractor registered with the city of Lakewood listed above and authorized by the property owner to perform the work described. I am primarily responsible for the work described and agree to abide by the applicable provisions of law and building codes adopted by the state of Ohio and the City of Lakewood. All subcontractors working under my direction shall be registered with the City of Lakewood. Perpetuation of fraud or misrepresentation including contractors or property owners obtaining permits on behalf of an unregistered contractor is a violation of LCO §1306.69 and punishable by fines, jail time and revocation of contractor registration.

SIGNATURE OF CONTRACTOR / OWNER

DATE

Anticipated Completion Date: _____

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	
Residential State Fee add 1% - Commercial State Fee add 3%	1%	3%	
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 <small>(excluding service line governed by Water Dept.)</small>		10.00	
Residential State Fee add 1% - Commercial State Fee add 3%	1%	3%	
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
*Will the A/C be placed in the side yard? YES or NO *If YES , please attach A/C side yard placement worksheet.						
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						\$40.00
Residential State Fee add 1% - Commercial State Fee add 3%				1%	3%	\$
Subcontractor Name:					Total	\$