



THE CITY OF NORTH RIDGEVILLE
 7307 Avon Belden Road, North Ridgeville, Ohio 44039
 Telephone: (440) 353-0822 Fax: (440) 353-0823



Building Department

RESIDENTIAL PLAN APPROVAL APPLICATION

CONTRACTOR: _____
 NAME DATE

ADDRESS PHONE

PROPERTY OWNER: _____
 NAME

ADDRESS CITY ZIP PHONE

CONSTRUCTION SITE ADDRESS: _____

(CHECK ALL ACTIVITIES PERTAINING TO THIS APPLICATION)

NEW CONSTRUCTION: Single Family Multi-Family # of Units _____

Square Feet: Finished Basement: _____ 1st Fl.: _____ 2nd Fl.: _____ Total: _____

Garage: Attached Detached Storage Building Size: W _____ x D _____ Square Feet: _____

Sub Lot # _____ Permanent Parcel # _____ Water Permit # _____

Zoning District : _____ Subdivision: _____ Model / Plan Name: _____

YARD REQUIREMENTS: Width at R.O.W. : _____ Flood Plain Zone: _____

ADDITION / ALTERATION: Year Dwelling Built: _____ Addition / Alteration Square Footage: _____

Dwelling Addition Garage Addition Storage Bldg. Addition Kitchen Remodel Basement Remodel

GENERAL PERMITS:

- Re-Siding Re-Roofing Fire Damage Repair Second water meter
- Demo Above Ground Pool In Ground Pool Lawn Sprinkler
- Gazebo Other : _____
- Fence Style: _____ Size: _____
- Deck Size: _____ Square Feet: _____

GENERAL PERMIT FEES:

PERMIT	\$ _____
STATE 1%	\$ _____
ADMIN.	\$ _____
TOTAL	\$ _____

HVAC Heat: New Replacement A/C: New Replacement Fireplace: New Replacement

Condensing Unit Location: Rear yard Left side yard Right side yard

Furnace Capacity: _____ BTU's Water Heater Capacity: _____ BTU's

Furnace Fuel Type Natural Gas L.P. Gas Electric Other _____

Water Heater Fuel Type Natural Gas L.P. Gas Electric Other _____

Air Conditioner Capacity _____ Tons Ductwork Type: Sheet metal Duct board

Gas Meter Location Front yard Rear yard Left side yard Right side yard

Water Meter Location Front Rear Left side Right side

The following information must be clearly identified on the Construction drawings: **Furnace location, water heater location, vent termination for dryer, furnace & water heater, water meter location (if slab construction)**

Indicate 2009 IECC compliance method: _____



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PLUMBING

New Alteration Service Line

Indicate fixture count below:

Water Closet _____ Floor Drain _____ Bidet _____ Backflow Device _____
 Lavatory Sink _____ Laundry Tub _____ Water Heater _____ Clothes Washer _____
 Bath Tub _____ Dishwasher _____ Sewage Grinder _____ Sump Pump _____
 Hot Tub _____ Shower _____ Garbage Disposal _____ Other _____

Building Main Drain size: _____ inches Building Water Service size: _____ inches

Water Distribution System Copper PVC / plastic

ELECTRICAL

New Alteration / Addition Service Change Service Entrance

Service Amps _____

Indicate load wattages & amperages for each item applicable below:

Range _____ watts Cook top _____ watts Oven _____ watts
 Electric Water Heater _____ watts Electric Clothes Dryer _____ watts Gas Clothes Dryer _____ watts
 Dishwasher _____ watts Disposal _____ watts Sump Pump _____ watts
 Sewage Ejector _____ watts Water Pump _____ watts _____ watts
 Air Conditioner _____ volts _____ amps Furnace _____ volts _____ amps
 Electric Space Heater _____ volts _____ amps Heat Pump _____ volts _____ amps

TRADE	NAME OF CONTRACTOR	REGISTERED	
Masonry	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carpentry	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrical	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HVAC	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Decorating	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floor Covering	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drywall	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Excavator	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pool Erector	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landscaper	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: All contractors submitted regarding this permit, must be registered and approved by the Building Dept. for the current year.

Cost of Construction: _____ Applicant's Signature _____

Property Owner's Signature _____

Sidewalk Ordinance received date: _____ Applicant's Signature _____

Date: _____ Approved: _____