

APPLICATION FOR BUILDING PERMIT

CITY OF CUYAHOGA FALLS
2310 SECOND ST
CUYAHOGA FALLS OH 44221
(330) 971-8100 FAX: (330) 971-8394
www.cityofcf.com/building

PROJECT ADDRESS:	
DEPOSIT REFUND TO:	LOT #
DEPOSIT	PERMIT/PLAN #
SITE FEE	APPLICATION FEE
PERMIT FEE	PLAN REVIEW FEE
STATE 1% OR 3%	CHECK #
ENG FEE	JOB COST \$
WATER FEE	CASH CHECK #
TOTAL FEE	MC/VISA #

PROJECT DESCRIPTION:

BUILDING TENANT:

OWNER:	CONTRACTOR:
COMPANY	COMPANY
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
TELEPHONE	TELEPHONE

PLANS PREPARED BY	REGISTRATION NUMBER
NAME	OHIO REG ARCHITECT
FIRM	OHIO PROF ENGINEER
ADDRESS	OHIO SPRINKLER SYS DES
CITY/STATE/ZIP	OTHER
TELEPHONE NO.:	FAX NO.:

I/We hereby agree to conform to the Building Code of the City of Cuyahoga Falls, the laws of the State of Ohio, all applicable trade standards, and to all conditions described on the plans and specifications submitted, including any and/or all notations and to all of the rules of the Division of Building Inspection.

APPLICANT'S SIGNATURE	TITLE	DATE
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Printed Name: _____

CODE INFORMATION

- A. Use Group _____ OBC 302
- B. Mixed use: Separated ____ Non-Separated ____ OBC 302.3
- C. Construction Class _____ OBC 601, T601

D. Area	Existing Sq Ft	New Const Sq Ft	Area of Work	Occupant Load	Live Load
Basement					
1st Floor					
2-3-4-5 floors					
Garage					
TOTAL					

E. Suppression New ____ Existing ____ Partial ____ None ____ N/A ____ OBC 901

F. Flood Plain Yes ____ No ____

OFFICE USE ONLY	STREET	ZONING	SETBACK	SEWER	WATER	SIDEWALK	IMPROVED
A							
B							

FINAL INSPECTION/REFUND APPROVED: _____ DATE: _____ AMOUNT: _____

Contractor Signature: _____ Date: _____

Printed Name: _____