



Building Department
7900 Fitch Road, Olmsted Township, OH 44138
Phone Number: 440-235-4225
building@olmstedtownship.org

Residential Building Plan Review and Permit Application

Project Address:

Parcel Number:

Project Scope: Building* HVAC/Gas Piping* Electrical* Fire Alarm/Suppression*

*Plans must include all scopes of work for review. (Page 2 must be completed)

Permit Type (Check all that apply):

| | | |
|---|--|--|
| <input type="checkbox"/> New 1 Family Building | <input type="checkbox"/> New 2 or 3 Family Building | <input type="checkbox"/> Temporary Structure |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Moving of a Building | <input type="checkbox"/> Detached Garage |
| <input type="checkbox"/> Shed/Accessory Structure | <input type="checkbox"/> Deck/Porch | <input type="checkbox"/> Foundation Dampproofing |
| <input type="checkbox"/> Footer Tile Replacement | <input type="checkbox"/> Window/Door/Roofing/Siding Replacement (must complete page 3) | |

Work Scope Area (in square ft)

| | |
|---------------------|--|
| Unfinished Basement | |
| Finished Basement | |
| Above Grade | |
| Decks/Porches | |
| Garage | |
| Total: | |

Estimated cost of the project: _____

Project Description:

| | | |
|--|------------------------|--|
| Property Owner Name: | | |
| Mailing Address: | | |
| Phone Number: | E-mail Address: | |
| Same as above: <input type="checkbox"/> | | |
| Applicant Name: | | |
| Mailing Address: | | |
| Phone Number: | E-mail Address: | |

I am the property owner of record, contractor as an agent on behalf of the property owner, or an authorized representative on behalf of the property owner. All work performed under this building permit application will be in compliance with the resolutions of Olmsted Township and all applicable laws; work will be completed by the owner or registered contractors with Olmsted Township. I hereby certify that I agree with the terms listed above and that all information contained in this application is true, accurate and complete to the best of my knowledge.

| | |
|-----------------------------|---------------|
| Applicant Signature: | Date: |
| Print Name: | Email: |

Applicant is: Owner Contractor Owners Authorized Representative

Contractor and Sub-Contractor Information must be completed on page 2



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List of Registered Contractors Performing Required Work:

| General | |
|---|------------------------|
| <input type="checkbox"/> <i>(Check this box if the property owner will be the general contractor)</i> | |
| Contractor Name: | |
| Mailing Address: | |
| Phone Number: | E-mail Address: |

| Electrical | <input type="checkbox"/> This Type of Work Not Applicable |
|---|--|
| <input type="checkbox"/> <i>(Check this box if the owner occupant will be performing the electrical work)</i> | |
| Contractor Name: | |
| Mailing Address: | |
| Phone Number: | E-mail Address: |

| Mechanical | <input type="checkbox"/> This Type of Work Not Applicable |
|---|--|
| <input type="checkbox"/> <i>(Check this box if the owner occupant will be performing the mechanical work)</i> | |
| Contractor Name: | |
| Mailing Address: | |
| Phone Number: | E-mail Address: |

Note: All contractors and subcontractors working on the project must be registered with the Olmsted Township Building Department even if not listed above.

Please submit application and project drawings electronically to: building@olmstedtownship.org



Window/Door/Roofing/Siding Replacement

Window and Door Replacement

| | | | |
|--|------------------------------|-----------------------------|---------------------------------|
| Number of windows to be installed: | | | |
| Number of doors to be installed: | | | |
| Will any new openings be installed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (If Yes plans must be provided) |
| Will the size of any openings change? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (If Yes plans must be provided) |
| Window type and material: | | | |
| Window U Value: | | | |
| All window and door installations must comply with the adopted residential code of Ohio and the manufacturers installation instructions. If there are any alterations which require plans a rough inspection is required. A final inspection is required at the completion of the project. | | | |

Roofing Replacement

| | | | |
|---|------------------------------|-----------------------------|----------------------------|
| Is the roof a complete tear off? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (# layers to remain _____) |
| Existing roofing material: | | | |
| Roofing material that will be installed: | | | |
| Type of underlayment to be installed: | | | |
| Type of ice barrier membrane to be installed: | | | |
| All roof replacements must comply with Section 908 "Reroofing" of the 2019 Residential Code of Ohio. Any damaged or water soaked sheathing must be replaced per the requirements of the code. All gutters and downspouts must be reconnected to existing conditions per Olmsted Township Resolutions. A rough inspection is required to verify the installation of any required ice barrier membrane prior to the installation of the roof covering. A final inspection is required to verify completion in accordance with the code. | | | |

Siding Replacement

| | | | |
|--|--|--|--|
| What is the existing siding material? | | | |
| What is the new siding material? | | | |
| Type of weather resistive barrier to be installed: | | | |
| All weather resistive barriers and siding materials must be installed per the requirements of the adopted residential code of Ohio. A rough inspection is required prior to the installation of the siding material to verify the WRB installation. A final inspection is required to verify completion in accordance with the code. | | | |

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