

CITY OF NILES, OHIO
BUILDING INSPECTION DEPARTMENT
 34 WEST STATE STREET
 NILES, OHIO 44446
 (330) 652-7361

**APPLICATION FOR
 PLAN EXAMINATION AND
 BUILDING PERMIT**

IMPORTANT — Applicant to complete all items in sections: I, II, III, IV, and IX.

I. LOCATION OF BUILDING	AT (LOCATION) _____ (NO.) _____ (STREET) _____ ZONING DISTRICT _____ BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____ SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____				
II. TYPE AND COST OF BUILDING — All applicants complete Parts A-D					
A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If other than residential, Original Building Plans Must Be Submitted) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multi-family residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only B. OWNERSHIP 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		D. PROPOSED USE — For "Wrecking" most recent use — Include OBBC — USE CLASSIFICATION — <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family — Enter number of units ► _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units ► _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other — Specify _____ _____ _____ </td> <td style="width:50%; vertical-align: top;"> Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other — Specify _____ _____ </td> </tr> </table>		Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family — Enter number of units ► _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units ► _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other — Specify _____ _____ _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other — Specify _____ _____
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C. COST 10. Cost of improvement _____ <i>To be installed but not included in the above cost</i> a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ _____		(Omit cents) Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____ _____			
III. SELECTED CHARACTERISTICS OF BUILDING — For new buildings and additions, complete Parts E-L; for wrecking, complete only Part J, for all others skip to IV.					
E. PRINCIPAL TYPE OF FRAME OBBC CONSTRUCTION TYPE 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other — Specify _____		G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)			
F. PRINCIPAL TYPE OF HEATING 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Cool 39 <input type="checkbox"/> Other — Specify _____		I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No			
		J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions 50. Total land area, sq. ft. K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms 54. No. of bathrooms Full... Partial...			

NO. STREET

IV. IDENTIFICATION — To be completed by all applicants

	Name	Mailing address — Number, street, city, and state	ZIP code	Tel. No.
1. Owner or Lessor				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

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

Signature of applicant	Address	Application date
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DO NOT WRITE BELOW THIS LINE**V. PLAN REVIEW REVIEW RECORD — For office use**

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VII. VALIDATION

Building Permit number _____		FOR DEPARTMENT USE ONLY
Building Permit issued _____ 19 _____		Use Group _____
Building Permit Fee \$ _____		Fire Grading _____
Certificate of Occupancy \$ _____		Live Loading _____
Plan Review Fee \$ _____	Approved by: _____	Occupancy Load _____
3% BBS Assmt. \$ _____		
Total Fees \$ _____		(TITLE) _____