



APPLICATION FOR BUILDING PERMIT

Date of Application: _____

Property Owner: _____

Job Address: _____

Property Owner's Phone #: (____) _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone #: (____) _____

Description of work to be performed: _____

(PERMIT WILL INCLUDE ONLY SUCH WORK AS INDICATED)

ESTIMATED JOB COST: _____

Permit Type:

_____ Accessory Building***	_____ Detached Garage***	_____ Waterproofing***
_____ Addition***	_____ Insulation	_____ Windows/Doors
_____ Alteration***	_____ New Home***	_____ Other
_____ Attached Garage***	_____ Roof	
_____ Deck***	_____ Siding	
_____ Demolition***	_____ Swimming Pool***	

*****Drawing(s) Must be Submitted*****

Drawing(s) Attached: ☐ Yes ☐ No

PRINT NAME: _____ PHONE: _____

SIGNATURE: _____

(The Undersigned hereby agrees to contact the Building Department for ALL REQUIRED INSPECTIONS and to comply with all Ordinances of Valley View, Ohio, and the laws of the State of Ohio relating to the work to be done under said permit.)

BUILDING OFFICIAL: _____ AMOUNT: _____