Village of Chagrin Falls combination residential building permit application

21 W. Washington St. Chagrin Falls, Oh, 44022, 440-247-5050, fax 440-247-2082 www.Chagrin-Falls.org

PERMIT NO. _____

Bldg Fee: $_____

(A) PROPERTY OWNER INFORMATION

Address of Jobsite:_____ Property Owner:_____

Address :_____City_____ Phone #_____ Cell#_____

(B) RESIDENTIAL: ☐ 1 family ☐ 2 family ☐ 3 family

TYPE OF WORK: ☐ New Bldg. ☐ Addition ☐ Deck ☐ Repair ☐ Alteration ☐ Accessory structure (ie. Shed, detached garage, etc)

Total effected floor area square ft. Basement_____ 1st floor_____ 2nd floor_____ Other_____ TOTAL_____

Building Contractor:_____ Phone#_____ email:_____

Description of work:_____

Zoning information (if appicable) **Setbacks: Front:_____ Rear:_____ (L) Side yard:_____ (R) Side yard:_____**

Sub–Contractors: ALL SUB-CONTRACTORS MUST BE REGISTERED WITH THE VCF PRIOR TO STARTING WORK

(c) HEAVY EQUIPMENT (EXCAVATOR etc.)

Excavating Company:_____ Primary Ph:_____ Secondary Ph:_____

Does work involve working in public right of way? _____ ***It is the contractors responsibility to call OUPS prior to any excavation.***

(D) Plumbing Permit **Add.$50.00 / New $100.00** **Submitting for:** ☐ Renovation, ☐ Addition, ☐ New Construction, ☐ Repair

Plumbing Contractor: _____Ph#_____ email:_____ **Fee: $_____**

Description of work:_____

_____

(E) Electrical Permit **Add.$75.00 / New $ 150.00** **Submitting for:** ☐ Renovation, ☐ Addition, ☐ New Construction, ☐ Repair

Electrical Contractor: _____Ph#_____ email:_____ **Fee: _____**

Description of work:_____

(F) Mechanical Permit **Add. $50.00/ New $ 100.00** **Submitting for:** ☐ Renovation, ☐ Addition, ☐ New Construction, ☐ Repair

Mechanical Contractor: _____Ph#_____ email:_____ **Fee: _____**

(For Air Conditioning; must include site plan showing location of condenser. plus $ 5.00 per ton.)

Description of work:_____

_____

(G) (Minor / Misc. Building Permit) **($100.00 not greater than 200 SF.)** **($20.00 permit without inspections)**

☐ Siding, ☐ Water control, ☐ Driveway, ☐ Sidewalk, ☐ Grading, ☐ Sewer Other: _____

Contractor: _____Ph#_____ email:_____ **Fee TBD: $_____**

Description of work:_____

_____

(H) ☐ **Demolition** ◊ **Partial** ◊ **Complete** ☐ interior, ☐ exterior, Approx square footage of demo:_____ **Fee $150.00**

For interior demolition, does demo work involve load bearing walls?_____

Contractor:_____ Ph#_____ email:_____ **Fee: $_____**

(I)) **Total Estimated cost of construction: $_____**

Applicant Signature:_____ Date:_____

Permits are valid for (1) one year, Work must begin 30 days after permit is issued.

OFFICE USE:

Building	Fire	Police	Street	Utilities

Village of Chagrin Falls Building Department 21 Washington St. Chagrin Falls, Ohio 44022
440-247-5050 ext. 3156; fax 440 247-2082;
web; www.chagrin-falls.org email; Harry@chagrin-falls.org

2013 Residential Code of Ohio (RCO) Systems Description Form

This form may be submitted in lieu of fully detailed plans for the following systems: Electrical, HVAC, Fuel Gas, Plumbing systems.

Applicant: _____ Homeowner: _____

Office Phone #_____ Cell Phone #_____ Homeowner Phone #_____

Project Description: _____

Address of Project: _____ City/Township: _____

Electrical System Description a,b

Service Size (Amps)	Size of Service Entrance Conductors	Panel Location(s)	Number of Sub-Panels	Location
□ 100 Amp □ 200 Amp □ Over 200 Amp				□ Overhead □ Underground

a. A detailed electrical diagram for services over 200 amps may be required for review and approval.

b. Detailed electrical and gas piping diagrams for generator installations may be required for review and approval.

HVAC System Description

Heating Equipment Type, Size & Efficiency	Design Heat Loss (Btu/h)	Type of Fuel	Location of Equipment
□ Forced Air Btu/h _____ Eff._____ □ Boiler Btu/h _____ Eff._____ □ Heat Pump Btu/h _____ Eff._____ □ Electric kW_____ Eff._____ □ Geothermal kW (Btu/h)_____ Eff._____		□ Natural Gas □ LP □ Oil □ Electric □ Other_____	□ Basement □ Attic □ Closet □ Crawl Space □ Outdoor

Cooling Equipment Type, Size & Efficiency	Design Heat Gain (Btu/h)	Location of Equipment
□ AC Btu/h _____ Eff._____ □ Heat Pump Btu/h _____ Eff._____ □ Geothermal kW(Btu/h)_____ Eff._____		□ Outdoor □ Other_____
Area of Conditioned Space (sq. ft.)	**Duct Size (Supply and Return)**	

Fuel Gas System Description

Number of Fuel Gas Outlets	Size of Fuel Gas Main	Piping Materials
		☐ Steel Pipe Sch. 40 ☐ CSST ☐ Other_____

ITEM	No.	ITEM	No.	ITEM	No.
Water Closet		Laundry Tub		Pressure Reducing Valve	
Lavatory Sink		Floor Sink		Garbage Disposal	
Hot Tub		Sump Pump		Clothes Washer	
Kitchen Sink		Floor Drain		Dishwasher	
Bathtubs/Shower		Hot Water Heater		Backflow Device	

Water Heater:	**Location:**	☐ Basement	☐ Garage	☐ Attic	☐ Other
	Fuel Type:	☐ Natural Gas	☐ Electric	☐ Other	
	Capacity	BTU:	Gallons:	☐ Tankless	
Water Service:	**Type:**	☐ Copper	☐ PVC/Plastic	☐ Other	
	Size:	☐ 3/4" ☐ 1"	☐ 1-1/4"	☐ 1-1/2"	☐ 2"

Plumbing System Description

Isometric Plan: