



APPLICATION FOR COMMERCIAL ZONING AND BUILDING APPROVAL / PERMIT PLAN REVIEW

Please print or type and fill out any and all sections that are applicable to the proposed project.

DATE SUBMITTED: _____
OWNERS NAME: _____
GENERAL CONTRACTOR: _____
STREET ADDRESS OF CONSTRUCTION: _____
PERM PARCEL #: _____ S/L # _____
PROJECT TYPE (Check all that apply) NEW STRUCTURE ADDITION ALTERATION DECK
POOL PATIO CHANGE OF USE DEMOLITION BARN ATTACHED GARAGE DETACHED GARAGE
SHED FINISHED BASEMENT FENCE OTHER _____
PLUMBING: YES NO
EST CONSTRUCTION COST: _____

DETAILED WORK DESCRIPTION:

The proposed work must be done in accordance with The Village of Moreland Hills Codified Ordinances, the approved plans, specifications, codes, and standards. Separate permits which may be required for the proposed project include: electrical, HVAC, gas piping, plumbing and electric to septic.

It is the duty of the General Contractor to insure that all required inspections are scheduled and all work installed has been approved by The Village of Moreland Hills Building Department prior to proceeding to the next phase of construction. The General Contractor is responsible to obtain a Final inspection at the completion of the project.

This permit becomes null and void if work or construction authorized is not commenced within 12 months, or if construction or work is suspended or abandoned for a period of 180 consecutive days at any time after work is commenced.

I hereby certify that I have read and examined this application and that all information is true, accurate, and complete. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I authorize The Village of Moreland Hills Building Department to enter this property for the purpose of site inspections for the duration of this project.

FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF \$1,000 OR BOTH.

OWNER

GENERAL CONTRACTOR:

PRINTED NAME: _____

PRINTED NAME: _____

SIGNATURE: _____

SIGNATURE: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

TEL#: _____

TEL#: _____

CELL#: _____

CELL#: _____

EMAIL: _____

EMAIL: _____

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Street Address of Construction: _____

Owner: _____

General Contractor's **Signature**: _____

General Contractor's **Printed Name**: _____

Building Data & Square Footage Form
PLEASE FILL OUT AND SUBMIT WITH BUILDING PLANS

New Structures

USE GROUP	_____
TYPE OF CONSTRUCTION	_____
TOTAL SQ. FTG OF ALL FLOORS	_____
FIRE SUPPRESSION	None <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Required <input type="checkbox"/> Non-Required <input type="checkbox"/>
FIRE ALARM	None <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Required <input type="checkbox"/> Non-Required <input type="checkbox"/>

Additions, Alterations, Garages, Accessory Buildings, Decks, Porches, Patios, Miscellaneous

USE GROUP	_____
TYPE OF CONSTRUCTION	_____
TOTAL SQ, FTG OF ALL FLOORS	_____
FIRE SUPPRESSION	None <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Required <input type="checkbox"/> Non-Required <input type="checkbox"/>
FIRE ALARM	None <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Required <input type="checkbox"/> Non-Required <input type="checkbox"/>

OFFICE USE ONLY

DATE APPLICANT NOTIFIED: _____

PERMIT FEE: _____

CASH DEPOSIT: _____

ENGINEERING FEES: _____

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Street Address of Construction: _____
 Owner: _____
 General Contractor's **Signature**: _____
 General Contractor's **Printed Name**: _____

All contractors are **REQUIRED** to provide: Proof of current Contractor Registration, Certificate of Insurance, RITA Tax Enrollment, State License (if applicable) Ord. 1329. Any contractor working without a permit is subject to all fees being doubled.

	QUANTITY	UNIT PRICE	TOTAL
ADMINISTRATIVE REVIEW FEES/DEPOSITS (NON-TAXABLE):			
ARCHITECTURAL REVIEW, INITIAL:		\$50.00	
ARCHITECTURAL REVIEW, ADDITIONAL CONSULTATION, PER ARCHITECT		\$100.00	
PLANNING COMMISSION:		\$50.00	
NEW BUILDING PLAN REVIEW DEPOSIT: (\$1500.00 Min)			
ADDITION / ALTERATION PLAN REVIEW DEPOSIT: (\$500.00 Min)			
ACCESSORY STRUCTURE / DECK / PATIO PLAN REVIEW DEPOSIT: (\$250.00 Min)			
ENGINEERING REVIEW DEPOSIT:		TBD	
WATER SEWER CONECTION ENGINEERING REVIEW DEPOSIT:		TBD	
ROAD USE FEE: (Base \$150 (+ .25 per sq. ft. for demolitions & new structures)			
DEPOSIT TOTAL:			
TOTAL SQUARE FEET OF PROJECT:			
NEW BUILDING: (.45 per sq ft - \$3500 min)			
ADDITION: (.40 per sq ft - \$1000 min))			
ALTERATION: (.20 per sq ft - \$250 min)			
ACCESSORY STRUCTURE over 200 sq ft: (.40 per sq ft - \$750 min)			
DECK / PATIO: (.25 per sq ft - \$100 min)			
DEMOLITION: (.10 per sq ft - \$150 min)			
RETAINING WALL:		\$100.00	
ROOFING:		\$100.00	
SIDING:		\$100.00	
WINDOWS: (per project)		\$100.00	
TENNIS COUR:		\$500.00	
IN GROUND SWIMMING POOL:		\$500.00	
WATERPROOFING: up to 100 linear feet		\$150.00	
WATERPROOFING: over 100 linear feet		\$250.00	
PLAN REVIEW: \$125 per hr. (TBD by Building Dept. If Applicable)		\$125.00	
MISCELLANANEOUS: All items that do not fit in a category above		\$100.00	
SUBTOTAL			
3% BBS TAX			
DEPOSIT TOTAL			
TOTAL			