

RESIDENTIAL BUILDING/ZONING PERMIT APPLICATION
CITY OF WADSWORTH 330-335-2753

PERMIT ISSUANCE ____/____/____

PERMIT # _____

Applicant Information – (Applicant is the Owner or Contractor)

APPLICANT _____
JOB ADDRESS _____
PROJECT DESCRIPTION _____
OWNER _____ PHONE _____
OWNER ADDRESS _____
CONTRACTOR _____ PHONE _____
CONTRACTOR ADDRESS _____ REG. # _____
ESTIMATED COST OF CONSTRUCTION \$ _____ (Selling Price. Excluding Lot.)

*FRONT SETBACK..... _____	BASEMENT AREA _____
*LEFT SETBACK..... _____	FIRST FLOOR LIVING AREA..... _____
*RIGHT SETBACK..... _____	SECOND FLOOR LIVING AREA..... _____
*REAR SETBACK..... _____	GARAGE AREA _____
*HEIGHT ABOVE GRADE..... _____	TOTAL BUILDING AREA (SQ. FT.) _____

(*SETBACKS INCLUDE OVERHANGS, CHIMNEYS ETC.)

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR THAT I HAVE BEEN AUTHORIZED BY THE OWNER OF RECORD TO MAKE THIS APPLICATION AS HIS AGENT; AND I CERTIFY THAT ALL INFORMATION FURNISHED ON THIS FORM IS ACCURATE; AND I AGREE TO CONFORM TO ALL APPLICABLE CODES OF THE JURISDICTION; AND OBTAIN FINAL INSPECTION APPROVAL BEFORE OCCUPANCY OF THE STRUCTURE. I CERTIFY THAT THE CODE OFFICIAL, OR HIS REPRESENTATIVE, SHALL HAVE AUTHORITY TO ENTER AREAS COVERED BY THIS PERMIT AT ANY REASONABLE HOUR TO ENFORCE PROVISIONS OF THE APPLICABLE CODES. I UNDERSTAND WHAT INSPECTIONS ARE REQUIRED, AND WHEN, AND HOW TO REQUEST AN INSPECTION.

- CALL THE CITY OF WADSWORTH AT 335-2753 FOR BLDG., ELECTRIC, HVAC, INSPECTIONS.
- CALL MEDINA CO. HEALTH DEPT. AT 723-9668 FOR ALL PLUMBING PERMITS.

SIGNATURE OF Owner/Agent _____ DATE _____



PRINT NAME _____

Official Use Only – Do Not Write Below This Point

Use _____ Conditional ☐

Plan. Com. Approval	Date	Zoning District
B.Z.A. Approval	Date	Parcel #
In Flood Hazard Area?.....	Yes ____ No ____	City Lot #

Fee Computation

CONSTRUCTION BASE FEE	\$	BP
TOTAL BUILDING AREA (SQ. FT.) (x \$.15)	\$	BP
FIREPLACE OR ADDITIONAL HVAC..... (\$25.00 ea.)	\$	BP
ZONING PERMIT FEE	\$	ZP
SANITARY TAP-IN / CALCULATION + FEE.....	\$	SF
EXCAVATION - SEWER CONNECTION PERMIT.....	\$	SP
RECREATION ACQUISITION FEE	\$	DA
RECREATION DEVELOPMENT FEE	\$	DR
DEFERRED ASSESSMENT WATER	\$	WD
DEFERRED ASSESSMENT SEWER	\$	SD
STORM WATER MANAGEMENT	\$	ST
OTHER.....	\$	
TOTAL PERMIT FEES.....	\$	

ZONING OFFICIAL / DEPUTY APPROVAL _____ DATE _____

BUILDING OFFICIAL / DEPUTY APPROVAL _____ DATE _____