

Siding Plan Review
(SUBMIT WITH PERMIT APPLICATION)

APPLICANT/BUSINESS(Print)	_____
JOB ADDRESS	_____

ALL SIDING

Yes, siding will be installed to manufacturer's and Building Code instructions, and the walls will first be covered with an approved water resistive barrier.

Check Box of Siding to be Installed:

VINYL/ALUMINUM SIDING

Siding will be fastened over wood, fiberboard, or gypsum sheathing with 6d (0.120') nails with 5/16" dia. (0.313") head, or 16 gauge staples with 3/8-1/2" crown, OR:
Siding will be fastened over foam sheathing into stud with 6d (0.120') nails with 5/16" dia. (0.313") head nails. Vinyl soffits supports must be 16" oc. (excluding ≤ 16" overhangs).

WOOD PANEL SIDING

Siding will be fastened with approved nails with 0.113" shank (6d) x 2" nail into studs.

WOOD BOARD SIDING

Siding will be fastened with approved nails with 0.113" shank (6d) x 2-1/2" nail or staple 1" into studs.

HARDBOARD SIDING

Siding will be fastened with 0.999" shank dia.(4d) X 0.240" head dia. (7/32"), with 1-1/2" penetration into studs.

FIBER CEMENT SIDING

Siding will be fastened with 6d corrosion resistant nails into studs.

OTHER WALL COVERINGS

Alternate siding installation to be approved by the Building Department. _____

By signing below you are verifying the roofing will be installed to these regulations

X

Applicant Signature **Date**

Building Official /Deputy Plan Approval Date

(SUBMIT WITH PERMIT APPLICATION Below ↓)

RESIDENTIAL BUILDING/ZONING PERMIT APPLICATION

CITY OF WADSWORTH 330-335-2753

PERMIT ISSUANCE ____/____/____

PERMIT # _____

Applicant Information – (Applicant is the Owner or Contractor)

APPLICANT(Company Name) _____ **EMAIL** _____
JOB ADDRESS _____
PROJECT DESCRIPTION _____
OWNER _____ **PHONE** _____
OWNER ADDRESS _____
CONTRACTOR _____ **PHONE** _____
CONTRACTOR ADDRESS _____ **CELL** _____
ESTIMATED COST OF CONSTRUCTION \$ _____ (Cost of Labor and Materials.)

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 _____

Fee Computation

CONSTRUCTION BASE FEE \$ 50.00 BP
TOTAL PERMIT FEES..... \$ 50.00

BUILDING OFFICIAL / DEPUTY APPROVAL

DATE