

# RESIDENTIAL BUILDING/ZONING PERMIT APPLICATION

## CITY OF WADSWORTH 330-335-2753

PERMIT ISSUANCE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PERMIT # \_\_\_\_\_

### ***Applicant Information – (Applicant is the Owner or Contractor)***

APPLICANT/(Owner/Contractor) \_\_\_\_\_ EMAIL \_\_\_\_\_  
 JOB ADDRESS \_\_\_\_\_  
 PROJECT DESCRIPTION \_\_\_\_\_  
 OWNER \_\_\_\_\_ PHONE \_\_\_\_\_  
 OWNER ADDRESS \_\_\_\_\_  
 CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_  
 CONTRACTOR ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 ESTIMATED COST OF CONSTRUCTION \$ \_\_\_\_\_ (Cost of Materials and Labor. Excludes 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
RECREATION ACQUISITION FEE .....	\$ _____ . _____	DA
RECREATION DEVELOPMENT FEE.....	\$ _____ . _____	DR
DEMOLITION FEE .....	\$ _____ . _____	PM
OTHER.....	\$ _____ . _____	
OTHER.....	\$ _____ . _____	
OTHER.....	\$ _____ . _____	
<b>TOTAL PERMIT FEES.....</b>	<b>\$ _____ . _____</b>	

\_\_\_\_\_  
**ZONING OFFICIAL / DEPUTY APPROVAL    DATE**

\_\_\_\_\_  
**BUILDING OFFICIAL / DEPUTY APPROVAL    DATE**