

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.

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/(Owner/Contractor) _____
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.....	\$ _____	_____
TOTAL PERMIT FEES.....	\$ _____	

ZONING OFFICIAL / DEPUTY APPROVAL DATE BUILDING OFFICIAL / DEPUTY APPROVAL DATE