

**APPLICATION FOR BUILDING PERMIT
CITY OF ROCKY RIVER
21012 Hilliard Blvd., Rocky River, OH 44116**

(Please Print or Type)
**BUILDING DIVISION
Phone: 440-331-0600
Fax: 440-895-2628**

Date: _____

Address of Improvement: _____
(Lot Size) (Sublot No.) (Permanent Parcel No.)

Ownership: _____
(Name) (Address) (Zip) (Tel. No.)

Contractor: _____
(Name) (Address) (Zip) (Tel. No.)

Architect:
Designer _____
(Name) (Address) (Zip) (Tel. No.)

Type of Improvement: _____ Proposed Use: _____

Type of Structure: _____ Type of Heating/BTU: _____

No. of Stories: _____ Air Conditioning BTU: _____

Number of: Units: _____ Sq. Ft. of Project Floor Area: _____

Bedrooms: _____ Total Sq. Ft. of Building: _____

Bathrooms: _____ Off-Street parking: _____
(Enclosed) (Unenclosed)

Nature of work to be performed _____

Estimated Time of Completion: _____

**AS OWNER OF THIS PROPERTY, I AM FAMILIAR WITH THE PROPOSED PROJECT AND
AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE CITY OF ROCKY RIVER.**

(Signature of Owner)

(Signature of Applicant)

ESTIMATED COST:

PERMIT NO.:

DO NOT WRITE BELOW THIS LINE

APPROVALS	DATE	ACTION	PERMIT:	DEPOSITS	FEES
INTENT SIGN:			PERMIT:		
PLANNING COMM:			CURB CROSSING:		
DESIGN & REVIEW:			STREET CLEANING:		
BOARD OF APPEAL:			CURB CUT:		
			OTHER:		
	Date:		PLAN EXAM FEE:		
			SEWER TIE IN FEE:		
			SUB-TOTALS:	\$ -	\$ -
	PAID DATE:		TOTAL:	\$	-

FLOOD HAZARD DESIGNATION:

NOTES: _____