



CITY OF MENTOR BUILDING PERMIT APPLICATION

Permit # _____

PLEASE COMPLETE ALL APPLICABLE AREAS

PROJECT INFORMATION (Print/Type)

Type of Project: Residential Commercial
Project Address: _____ Unit/Suite #: _____
Parcel Number(s): _____
Project/Business Name: _____ Type of Business: _____

WORK TYPE: (Print/Type)

New Addition Alteration Repair Relocate Replace Demolition

Description of work: _____
Valuation (not including real estate): \$ _____ Use Group: _____
Building Height (from finished grade to roof line): _____ Construction Type: _____
Square Footage (outside wall to outside wall): Total: _____
Garage: _____ Porch: _____ Deck: _____
First Floor: _____ Second Floor: _____ Basement: _____

All plans submitted for permit shall be dimensioned and drawn at an approved scale, of sufficient clarity to indicate the location, nature and extent of the work proposed and shall include details to show conformance with the provisions of the Code. Residential submittals require two (2) sets of building plans such as, floor plans, framing plans, elevations and sections with 4 sets of site plans showing location on the lot and utilities. Six complete sets are required for Ohio Building Code.

NAME AND ADDRESS OF PROPERTY OWNER: (Print/Type)

Owner Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____

NAME AND ADDRESS OF APPLICANT: If different than property owner (Print/Type)

Company Name: _____
Contact Person: _____ Owner Agent Architect/Engineer Contractor
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Cell Number: _____
Fax Number: _____ Email Address: _____

CONTRACTOR INFORMATION MUST BE COMPLETED ON PAGE 2

Application is hereby submitted to erect and/or alter the structure or premises described in this application and the accompanying construction documents which when endorsed as approved by the authority having jurisdiction shall define the permitted work. It is hereby specifically agreed that the signatories and their assigns shall comply with all Codes and Ordinances of the City of Mentor, State of Ohio, and all the conditions contained in the file record of said plan approval, and the applicant further agrees to cause all required inspections to be scheduled and obtain the approval prior to concealing work at various stages of the work progress in accordance with the required inspections associated with each permit. This application submittal is a public record pursuant to the provisions of the Ohio State Open Records Act and a legal document. You are asked to furnish the information on this form to the best of your knowledge and ability. Any information that is yet to be determined must be so noted and provided later to complete the process. Purposely filing false or misleading information is a violation of City and State Ordinances and may be cause to void any permit. If the requested information is not supplied, be aware that the application may take longer to process. Additional information in the form of Plans or other Construction Documents, or associated sub permit applications or information sheets will be required to review and approve your application. By signing the applicant affirms they are the owner or authorized to act as the owner's agent.

APPLICANT'S SIGNATURE: _____ PRINT: _____ DATE: _____

(REVISION 08/2016 ALL OTHER VERSIONS ARE OBSOLETE)

Mentor Municipal Center, 8500 Civic Center Boulevard, Mentor, Ohio 44060-2499 www.cityofmentor.com
Engineering and Building Department Phone 440-974-5785 \ Fax 440-974-5708 \ Email building@cityofmentor.com
Economic & Community Development Department Phone 440-974-5740 \ Fax 440-205-3605 \ Email commdev@cityofmentor.com



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NAME AND ADDRESS OF GENERAL CONTRACTOR: If different than applicant (Print/Type)

Company Name: _____

Contact Person: _____ Mentor Registration #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

Please be advised per Mentor Code of Ordinances, Section 1307: All contractors and subcontractors shall register to work in the City of Mentor prior to performing any work. Section 1309: All Plumbing, Electrical, & HVAC trade contractors shall have a valid State of Ohio license.

Separate associated sub permit applications may be required. All Subcontractors shall be identified prior to the issuance of a trade permit.

Please check the associated trade work and list sub trade information if known:

Electrical: _____ Phone Number: _____

Plumbing: _____ Phone Number: _____

Mechanical: _____ Phone Number: _____

Fire Protection: _____ Phone Number: _____

Utility Excavator: _____ Phone Number: _____

Site Paving: _____ Phone Number: _____

Other information: _____

OFFICE USE ONLY: Zoning: _____ Ward: _____ Census Tract: _____

Use Group: _____ Construction Type: _____ Occupant Load: _____

Required Trades Electrical Plumbing HVAC/Mechanical Paving R/W Utility R/W Fire Protection

Classification: Residential Code Commercial Code Planning & Zoning Rental Housing Code

FEES:

Plan Review: _____

SAF Plan Review: _____

Building Permit: _____

Electric Permit: _____

Plumbing Permit: _____

HVAC Permit: _____

SAF Permit: _____

Right-of-Way: _____

Deposit: _____

TOTAL: _____

AREA NAME:

SQUARE FOOTAGE:

OCC LOAD:

USE:

TOTAL:

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