

CITY OF MENTOR BUILDING PERMIT APPLICATION

Permit #_____

PLEASE COMPLETE ALL APPLICABLE AREAS			
PROJECT INFORMATION (Print/Type)			
Type of Project: Residential Comm	mercial		
Project Address:	Unit/Suite #:		
Parcel Number(s):			
Project/Business Name:	Type of Business:		
	PE: (Print/Type)		
☐ New ☐ Addition ☐ Alteration ☐ R	epair 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 l	Floor: Basement:		
All plans submitted for permit shall be dimensioned and drawn at an approved sort proposed and shall include details to show conformance with the provisions of the plans, framing plans, elevations and sections with 4 sets of site plans showing local plans.			
NAME AND ADDRESS OF P	ROPERTY OWNER: (Print/Type)		
Owner Name:			
Street Address:			
City:	State: Zip Code:		
Phone Number:	Email Address:		
NAME AND ADDRESS OF APPLICAN	T: 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:	<u> </u>		
CONTRACTOR INFORMATION IN	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 05/2019 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
Department of Planning & Development Phone 440-974-5740 \ Fax 440-205-3605 \ Email planning@cityofmentor.com



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NAME AND ADDRESS OF GENERAL O	CONTRACTOR: If di	fferent than applicant (Pri	nt/Type)	
Company Name:				
Contact Person: Mentor Registration #:				
Street Address:				
City:	State:	Zip Code:		
Phone Number:	Cell Number:			
Fax Number: Email Ac	ddress:			
Please be advised per Mentor Code of Ordinances, Section 1307 performing any work. Section 1309: All Plumbing, Electrical, & HV			of Mentor prior to	
Separate associated sub permit applications may be requipermit. Please check the associated trade work and list sub trade		I be identified prior to the issuance	of a trade	
☐ Electrical:	Phone Numb	ber:		
☐ Plumbing:	Phone Numb	Phone Number:		
☐ Mechanical:	Phone Numb	Phone Number:		
☐ Fire Protection: Phone Number:		ber:		
☐ Utility Excavator: Phone Numb		oer:		
☐ Site Paving:	Phone Numb	Phone Number:		
Other information:				
OFFICE USE ONLY: Zoning:	Ward:	Census Tract:		
Use Group: Construction	on Type:	Occupant Load:		
Required Trades Electrical Plumbing HV	AC/Mechanical 🗌 Pavir	ng R/W 🗌 Utility R/W 🗌 Fire	Protection	
Classification: Residential Code Commercia	al Code 🗌 Planning & Zo	oning Rental Housing Code	Į.	
	SQUARE FOO	TAGE: OCC LOAD: US	E:	
Deposit: TOTAL:				

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