



A Part of History A Place to Call Home

VILLAGE of VALLEY VIEW

BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

Date of Application: _____

Property Owner: _____

Job Address: _____

Property Owner's Phone #: (____) _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone #: (____) _____

Description of work to be performed: _____

(PERMIT WILL INCLUDE ONLY SUCH WORK AS INDICATED)

ESTIMATED JOB COST: _____

Permit Type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Accessory Building*** | <input type="checkbox"/> Detached Garage*** | <input type="checkbox"/> Waterproofing*** |
| <input type="checkbox"/> Addition*** | <input type="checkbox"/> Insulation | <input type="checkbox"/> Windows/Doors |
| <input type="checkbox"/> Alteration*** | <input type="checkbox"/> New Home*** | <input type="checkbox"/> Other |
| <input type="checkbox"/> Attached Garage*** | <input type="checkbox"/> Roof | |
| <input type="checkbox"/> Deck*** | <input type="checkbox"/> Siding | |
| <input type="checkbox"/> Demolition*** | <input type="checkbox"/> Swimming Pool*** | |

Drawing(s) Must be Submitted

Drawing(s) Attached: Yes No

PRINT NAME: _____ PHONE: _____

SIGNATURE: _____

(The Undersigned hereby agrees to contact the Building Department for ALL REQUIRED INSPECTIONS and to comply with all Ordinances of Valley View, Ohio, and the laws of the State of Ohio relating to the work to be done under said permit.)

BUILDING OFFICIAL: _____ AMOUNT: _____