



City Of Olmsted Falls Building Department

Return completed Applications to the Building Dept.
Work CANNOT begin on ANY project until the approved permit is on site
24 Hour Minimum Notice required for ALL inspections to be scheduled for first available.

All construction projects must also include 3 sets of plans outlining materials and construction details.

Fees: _____

%: _____

TOTAL = \$ _____

HVAC PERMIT APPLICATION

PERMIT TYPE: Residential Commercial ESTIMATED PROJECT COST: \$ _____

ANTICIPATED START DATE OF WORK: _____ (Work CANNOT begin on ANY project until the approved permit is on site)

REQUEST COPY OF PERMIT VIA: Mail E-Mail: _____

PROJECT ADDRESS: _____

PROPERTY OWNER(S): _____ PHONE #: _____

WORK TO BE COMPLETED BY:

Property Owner Affidavit: I hereby certify _____ (INITIALS), as the property owner that I personally will perform the work described on the permit application in lieu of securing the services of a registered professional to complete the work, as provided for by the provisions of Section 1448.04 (j) of the Codified Ordinances of the City of Olmsted Falls, Ohio. I understand, that ALL Electric, HVAC & Plumbing permits must be obtained by a State of Ohio licensed contractor unless I can provide and document proficiency and knowledge of the codes & acceptable installation methods and that, as the permit holder, it is my responsibility to: •Obtain all required Building Permits and Approvals •Comply with all applicable Building Codes, Zoning Codes and other Specifications •Obtain all required Inspections •Assume responsibility for correcting any deficiencies detected during inspection(s). I further understand that any misrepresentations or falsifications on a Permit Application may cause a suspension or revocation of any Registration issued, as provided in the Section 1448.04 (e) of the City of Olmsted Falls Building Code, and may be subject to the penalties provided in Section 1448.99

Contractor: (DBA) _____ Contact Person: _____

Address: _____

Phone #: _____ E-Mail: _____

ALTERATION / REPAIR / ADDITION NEW CONSTRUCTION FIRE RESTORATION

GROSS FLOOR AREA: _____ ***Commercial Projects Only***

HEATING SYSTEM(S) - (# _____ / SIZE _____)

AC SYSTEM(S) - (# _____ / SIZE _____)

OTHER: _____

DESCRIPTION OF PROJECT: _____

The undersigned states that he/she is the owner of the property or authorized agent contracted by the owner of the property. This permit will be granted on condition that all work done will be in accordance with the City of Olmsted Falls Ordinances and all Building Code Laws of the State of Ohio. Failure to comply will result in revocation of this permit and additional fines/penalties may be imposed.

SIGNATURE: _____ DATE: _____