



# RESIDENTIAL - ONE, TWO AND THREE FAMILY APPLICATION FOR PLAN APPROVAL

City of Sandusky, Building Department, 240 Columbus Avenue, Sandusky, Ohio 44870

Please fill out blue-shaded areas only for Residential Meter Inspection.

|  |  |   |  |   |   |  |
|--|--|---|--|---|---|--|
| 1  | Type of Work<br>(check all that apply)   | <input type="checkbox"/> Structural<br><input checked="" type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical<br><input type="checkbox"/> Plumbing   | <input type="checkbox"/> New Construction<br><input type="checkbox"/> Addition<br><input type="checkbox"/> Alteration | <input type="checkbox"/> Foundation only<br><input type="checkbox"/> Industrialized Unit<br><input type="checkbox"/> Demolition           | <input type="checkbox"/> Siding / Roof Repair<br><input type="checkbox"/> Special Inspection<br><input checked="" type="checkbox"/> Other: <u>Meter Inspection</u> |
|  | 2  | Exact Address of Project:   |  |   | Type of Occupancy:<br><input type="checkbox"/> Single Family<br><input type="checkbox"/> Two Family <input type="checkbox"/> Three Family |  |
| 3  | Property Owner of Record:  |   |  |   | Daytime Telephone:  |  |
|  | Street Address<br>City, State, Zip:  |   |  |   | E-mail:   |  |
| 4  | Submitter Name: (Contractor: list Company Name & Contact Name)   |   |  |   | Daytime Telephone:  |  |
|  | Street Address<br>City, State, Zip:  |   |  |   | E-mail:   |  |
| 5  | Estimated Value of Improvement:  | \$  | 6  | Work will be done by: <input type="checkbox"/> Owner/Occupant <input type="checkbox"/> Contractor                     |   |  |
| 7  | Is this project/building located in a Flood Plain?<br>_____ No _____ Yes, has the flood plan administrator been contacted for requirements? _____ No _____ Yes   |   |  |   |   |  |
| 8  | List any and all Contractors or Sub-Contractors working on this project not listed above:  |   |  |   |   |  |
| 9  | Describe the proposed work to be done in sufficient detail to determine compliance with all applicable Federal, State or Local Codes (i.e.: Residential Code of Ohio, National Electric Code, Ohio Plumbing Code, Ohio Mechanical Code, Flood Plain Regulations, etc.) Use additional sheet(s) if necessary.<br><br><b>METER INSPECTION</b><br><b>OE Work Order #:</b> _____ |   |  |   |   |  |
| 10   | New Building, Additions, or Alterations to Existing Building:<br><b>NOTE: Fees based on gross area of each floor including basement, bonus rooms, garage, decks, and porches.</b>  |   |  |   |   |  |
|  | Check Appropriate Floors:  |   | Total Square Feet Per Floor  | Fee Subtotal (see fee schedule)   | \$75.00   |  |
|  | <input type="checkbox"/> Basement / Crawl  |   |  | 1% surcharge  |   |  |
|  | <input type="checkbox"/> First Floor   |   |  | (paid to Ohio BBS)  | \$0.75  |  |
|  | <input type="checkbox"/> 2, 3 (Circle Floor No.)   |   |  | <b>TOTAL</b>  | \$75.75   |  |
|  | <input type="checkbox"/> Garage  |   |  | Make checks payable to: <i>City of Sandusky, Ohio</i>   |   |  |
|  | <input type="checkbox"/> Deck(s), Porch(s)   |   |  | Paid by: <input type="checkbox"/> Cash  |   |  |
| <input type="checkbox"/> Other                                 |  |   | <input type="checkbox"/> Check no. _____   |   |   |  |
| TOTAL SQUARE FEET OF ABOVE<br>(Use this total to compute fees) |  |   | <input type="checkbox"/> Credit /Debit Card  |   |   |  |
| 11   | I hereby certify that I am the<br>(select one)<br><input type="checkbox"/> Owner<br><input type="checkbox"/> Agent for the Owner   |   | And all information contained in this application is true, accurate and complete to the best of my knowledge. I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to all applicable laws of this jurisdiction. |   |   |  |
|  | IF WORK IS BEING DONE BY OWNER/OCCUPANT A CITY OF SANDUSKY AFFIDAVIT MUST BE SIGNED AND NOTARIZED.   |   |  |   |   |  |
|  | Signature  |   | Date   |   | Print or type the name of signer  |  |
|  | If this application is signed by an agent, authorization in writing from the legal owner is required. Where owner is a corporation, the signature of authorization should be by an officer of the corporation under corporate seal.  |   |  |   |   |  |
| <b>Office Use Only Below this line</b>                         |  |   |  |   |   |  |
| Parcel #:  |  | Lot #:  |  | Zoning:   |   | CPA #:   |
| Submittal Date:  |  | <input type="checkbox"/> Walk-in  | <input type="checkbox"/> Mail  | <input type="checkbox"/> Fax or email   | <input type="checkbox"/> Phone  |  |
| Attach any comments or concerns                                |  |   |  |   |   |  |