



Village of Village of Walton Hills  
7595 Walton Road • Walton Hills Ohio, 44146

## BUILDING PERMIT APPLICATION

Date: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ Square Ft.: \_\_\_\_\_ Non. Liv: \_\_\_\_\_

Permit # \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Plan #: \_\_\_\_\_

### Project Information:

Project Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Address (if different): \_\_\_\_\_ Phone No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Project Type:** Addition \_\_\_\_\_ Remodel \_\_\_\_\_ New \_\_\_\_\_

Description of Project: \_\_\_\_\_

### Author of Drawings:

Name of Company: \_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

### Contractor Information:

General Contractor Name: \_\_\_\_\_

Address/Street: \_\_\_\_\_ Phone No: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax No: \_\_\_\_\_

### AUTHORIZATION:

The undersigned states that he/she is the owner of the property or authorized agent for the owner of the project address.

1. This permit is granted on condition that all work is done according to the ordinances of the Village of Walton Hills, and all Building Code Laws of the State of Ohio and/or of the Village of Walton Hills and any restrictions. On failure to do so, this permit may be revoked and/or fines and penalties may be imposed.
2. This permit holder or his agent shall notify the Building Division 24 hours in advance for inspection. Please call 440-399-0850 to schedule that inspection.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NOTE: All permits are required to be inspected. It is the responsibility of the contractor or applicant to arrange and schedule all inspections with the property owner and the Building Department. Failure to do so is in violation of Village Ordinances.