



# City of Macedonia

## The Crossroads of Northeast Ohio

9691 Valley View Road • Macedonia, Ohio 44056  
(330) 468-8360 • FAX (330) 468-8396

Building/Engineering/Zoning/Planning Department

### COMMERCIAL PERMIT APPLICATION

Building Name: \_\_\_\_\_

Building Address: \_\_\_\_\_

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

#### PROJECT INFORMATION:

Type of Work:  NEW CONSTRUCTION  ADDITION  ALTERATION  REPAIR/OTHER

Scope of Work: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Total Building Square Footage: \_\_\_\_\_ Square Footage of Work Area: \_\_\_\_\_

#### CONTACT INFORMATION:

Building Owner Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Builder/Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Name: (if different from above) \_\_\_\_\_

Applicant Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### SUB CONTRACTOR INFORMATION

Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_

Roofer \_\_\_\_\_ Concrete \_\_\_\_\_ Drywall \_\_\_\_\_

Carpenter/Frame \_\_\_\_\_ Carpenter/Finish \_\_\_\_\_ Painter \_\_\_\_\_

Excavator \_\_\_\_\_ Insulator \_\_\_\_\_ Siding \_\_\_\_\_

Fireplace \_\_\_\_\_ Tile/Carpet \_\_\_\_\_ Mason \_\_\_\_\_



Service



Commitment



Pride



---

**PROJECT DETAILS (required):**

Project Use: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Use Groups: \_\_\_\_\_

Mixed Use Groups?       Yes     No       Separated     Non-Separated

Hazard Classification:     Low     Moderate     High

Sprinkler System Required:     Yes     No      Sprinkler System Provided:     Yes     No

Sprinkler System Type: \_\_\_\_\_ Location: \_\_\_\_\_

---

The acceptance of this application constitutes an agreement to abide by all conditions herein contained and to comply with all the Ordinances of Macedonia and Laws of the State of Ohio relating to the structure herein described and/or the work to be done hereunder. I hereby declare, under the penalties provided for in the Building Code and Zoning Ordinance of Macedonia for violation thereof, that I am the  **owner** /  **agent** for the owner, and that the statement made in connection with this project in this application for a Permit or Certificate are to the best of my knowledge and belief, true.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

---

**GENERAL**

- Submit three (3) sets of folded, stamped and sealed drawings **AND** an electronic .pdf version or CD.
- A \$500.00 escrow payment must be included with the drawings, and the completed and signed application. Applications with missing or incorrect information may not be processed or will have a delayed review. The balance of funds will be refunded after completion of the project.
- All contractors performing work in the City of Macedonia must be registered; see Contractor Registration Requirements and Application.
- A Certificate of Occupancy will be issued for New Construction, Additions with different uses, and Changes of Tenants **ONLY**. An Occupancy Application must be completed and submitted separately.
- Permits are issued in the Building Department Monday through Friday between 7:30 a.m. and 3:30 p.m.
- A copy of the permit and an approved set of plans must be available on all job sites.
- **Scheduling Inspections** – inspections are required to be called in to the Building Department only by 3:30 p.m. the day *before* any requested inspection. Please call (330) 468-8363 or (330) 468-8364. The address or permit number must be provided when calling in an inspection.