



ASHTABULA COUNTY
 BUILDING DEPARTMENT
 25 W. JEFFERSON STREET
 JEFFERSON, OHIO 44047-1092
 P: (440) 576-3737
 F: (440) 576-3739

RESIDENTIAL PERMIT APPLICATION

PERMIT NUMBER: _____

DATE OF APPLICATION: _____

OWNER INFORMATION:

NAME: _____
 ADDRESS: _____
 CITY: _____
 PHONE: _____
 CELL: _____

GENERAL CONTRACTOR INFORMATION:

NAME: _____
 ADDRESS: _____
 CITY: _____
 PHONE: _____
 CELL: _____

MECHANICAL CONTRACTOR INFORMATION:

NAME: _____
 ADDRESS: _____
 CITY: _____
 PHONE: _____
 CELL: _____

PROJECT INFORMATION:

PROJECT TYPE: _____
 PROJECT LOCATION: _____
 TWP/VILLAGE/CITY: _____
 PROJECT VALUE: \$ _____
PARCEL NUMBER: _____

IS PROJECT LOCATED IN FLOOD PLAIN Y N

If yes, email tcnagy@ashtabulacounty.us for requirements or contract the Floodplain Administrator (440) 576-3737

PERMIT TO BE: PICKED UP MAILED*

*Note: Shipping fees for mailed drawings will be applied to building permit fee

PAYMENT TYPE: CASH CHECK # _____

ELECTRICAL CONTRACTOR INFORMATION:

NAME: _____
 ADDRESS: _____
 CITY: _____
 PHONE: _____
 CELL: _____

PROJECT DATA:

BASEMENT AREA (s.f.) _____	<input type="checkbox"/> TEMPORARY ELECTRIC	<input type="checkbox"/> SWIMMING POOLS
FIRST FLOORS AREA (s.f.) _____	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> SPECIAL INSPECTIONS
SECOND FLOOR AREA (s.f.) _____	<input type="checkbox"/> BUILDING	
GARAGE FLOOR AREA (s.f.) _____	<input type="checkbox"/> MECHANICAL	
PORCH/DECK AREA (s.f.) _____	<input type="checkbox"/> FIREPLACE/WOOD STOVE	

REQUIRED OTHER AGENCY APPROVAL REQUIRED PRIOR ISSUING BUILDING PERMIT (If applicable)

ZONING PLUMBING (Health Dept.) SEWER (Health Dept.) SITE PLAN (PROPERTY LAYOUT)

CERTIFICATION: I certify that I am the owner or owner's authorized agent. All information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with this application should be emailed or sent to my attention at the address listed above.

 Print Name

 Signature

 Date

NOTE: A CARBON MONOXIDE DETECTOR SHALL BE INSTALLED IN ALL RESIDENTIAL BUILDINGS THAT ARE ISSUED A BUILDING PERMIT.

NOTE: THE DOCUMENTATION THAT ACCOMPANIES THIS APPLICATION WILL BE REVIEWED FOR CONFORMANCE WITH THE OHIO BUILDING CODE ONLY. IT IS THE RESPONSIBILITY OF THE OWNER TO OBTAIN ALL OTHER APPROVALS REQUIRED PRIOR TO THE START OF CONSTRUCTION (I.E. ZONING, PLUMBING, EPA, ETC.)