

**PLEASE FILL OUT ALL SECTIONS COMPLETELY**



**Non-Residential Application for Permit**

Solon City Hall, 34200 Bainbridge Road, Solon, Ohio 44139  
 Building Department Phone (440) 349-6737

Permit No. \_\_\_\_\_

Parcel No. \_\_\_\_\_

**Part 1 Project/Owner Information**

Land Owner Name: \_\_\_\_\_ Phone \_\_\_\_\_

Project Address: \_\_\_\_\_ Unit/Suite No. \_\_\_\_\_

Business/Tenant Name \_\_\_\_\_

**Part 2 Applicant Information**

Applicant Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Part 3 Architect/Engineer Information IF NOT APPLICABLE, WRITE "N/A"**

Architect Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Engineer Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Part 4 Proposed Project (New construction or replacement; check all that apply)**

**PROJECT DESCRIPTION/SCOPE:** \_\_\_\_\_

<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Parking lot
<input type="checkbox"/> Addition	<input type="checkbox"/> Repair
<input type="checkbox"/> Alteration	<input type="checkbox"/> Roof
<input type="checkbox"/> Change of Use	<input type="checkbox"/> Tree Clearing
<input type="checkbox"/> Lot Grading	<input type="checkbox"/> Other _____
<input type="checkbox"/> New building	

City Use Only (Initial and date)  
 \_\_\_\_\_ Planning Department approved  
 \_\_\_\_\_ Engineering Department approved  
 \_\_\_\_\_ Fire Department approved  
 \_\_\_\_\_ Building Department approved

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Part 4	Structure square footage/Use Information		
Square Feet: Basement _____ 1st Floor _____ 2nd Floor _____ Other _____	Estimated Value of Work \$ _____ Construction classification _____ Use Group _____	Fire Suppression System <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Alarm System <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 5	Contractor/Subcontractor Information		
Contractor or Subcontractor (Contact Person and Business Name)	Address (City, State, Zip)	Phone	Trade
		(   )	
		(   )	
		(   )	
		(   )	
		(   )	
		(   )	

Part 6	Applicant's Acknowledgement	
The owner of this property and the undersigned do hereby covenant and agree to comply with all of the laws of the State of Ohio and the Codified Ordinances of the City of Solon, Ohio, pertaining to building, fire, engineering, planning and zoning, and to construct the structure or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements given on this application are true and correct. The owner and the undersigned further hereby understand and agree that no work of any kind is permitted prior to the issuance of a permit.		
Signature of Applicant	Printed Name	Date

***Submit this completed application and five (5) copies of the construction plans and site plan to the City of Solon Building Department.***

### CITY USE ONLY

City Comments  Building  Planning  Engineering  Fire

Date Permit Issued \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ (# \_\_\_\_\_) Receipt # \_\_\_\_\_