

**PLEASE FILL OUT ALL SECTIONS COMPLETELY**



<p align="center"><b>Non-Residential Application for Permit</b></p> <p align="center">Solon City Hall, 34200 Bainbridge Road, Solon, Ohio 44139 Building Department Phone (440) 349-6737</p>	Permit No. _____ <hr/> Parcel No. _____
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**Part 1 Project/Owner Information**

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

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

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

New Business/Tenant?  YES  NO (Check YES If Name Changed)

**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:** \_\_\_\_\_

_____ Accessory Building	_____ Parking lot
_____ Addition	_____ Repair
_____ Alteration	_____ Roof
_____ Change of Use	_____ Tree Clearing
_____ Lot Grading	_____ Other _____
_____ 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 _____	Estimated Value of Work \$ _____
1st Floor _____	Construction classification _____
2nd Floor _____	Use Group _____
Other _____	Fire Supression 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		
<p>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 struture 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.</p>		
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.***

Applications can be accepted electronically.  
Please contact the Building Department at 440-349-6737 for more information.