

The City of *Westlake* Ohio

DENNIS M. CLOUGH, MAYOR



www.cityofwestlake.org

BUILDING DEPARTMENT

27700 Hilliard Blvd.
Westlake, OH 44145

Phone 440.617.4105
Fax 440.617.4144

RESIDENTIAL ADDITION SUBMITTAL CHECKLIST

Address _____

Owner _____

Contractor _____

Contact Name _____

Contact Email _____

Completed Permit Application	
Copy of Topo with distances to all lot lines	
2 Sets of detailed plans	
Systems Description Form (See Attached)	
Plumbing ISO	
Electrical Plan / Load Calculation Sheet	
Manual J / HVAC Ductwork Plan	
Engineering Letter / Verification of Beams & Headers	
Flashing Details	
Attic Venting Calculations	
Roof Truss Package (If Applicable)	

RESIDENTIAL SYSTEMS DESCRIPTION FORM

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PROJECT ADDRESS:	BUILDING PERMIT No.
OCCUPANCY: <input type="checkbox"/> 1 FAMILY <input type="checkbox"/> 2 FAMILY <input type="checkbox"/> 3 FAMILY	
NATURE OF JOB: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Correct Violation <input type="checkbox"/> Replacement	

HEATING, VENTILATION AND AIR CONDITIONING SYSTEM DESCRIPTION

FURNACE	Location	<input type="checkbox"/> Basement	<input type="checkbox"/> Garage	<input type="checkbox"/> Attic	<input type="checkbox"/> Other		
FURNACE:	Fuel Type	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other			
	AFUE Rating	<input type="checkbox"/> 80%	<input type="checkbox"/> 90%+	<input type="checkbox"/> Other	Capacity: BTUs		
AIR CONDITIONING	Capacity:	Tons	Seer Rating:	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
FIREPLACE/STOVE:	Fuel Type	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood	<input type="checkbox"/> Other		
	Flue Type	<input type="checkbox"/> Masonry, Lined	<input type="checkbox"/> Metal	<input type="checkbox"/> B-Vent	<input type="checkbox"/> Direct Vent		
DUCTWORK	<input type="checkbox"/> Sheet metal		<input type="checkbox"/> Duct Board				
GAS METER	Location	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> L Side	<input type="checkbox"/> R Side	<input type="checkbox"/> Other	
VENT TERMINATIONS:	Dryer	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> L Side	<input type="checkbox"/> R Side	<input type="checkbox"/> Other	
	Furnace	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> L Side	<input type="checkbox"/> R Side	<input type="checkbox"/> Other	
	Water Heater	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> L Side	<input type="checkbox"/> R Side	<input type="checkbox"/> Other	
	Kitchen Exhaust	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> L Side	<input type="checkbox"/> R Side	<input type="checkbox"/> Other	
	Bathroom Exhaust	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> L Side	<input type="checkbox"/> R Side	<input type="checkbox"/> Other	

PLUMBING SYSTEM DESCRIPTION

ITEM	No.	ITEM	No.	ITEM	No.	
Water Closets		Laundry Tub		Pressure Reducing Valves		
Lavatory Sinks		Floor Sink		Garbage Disposal		
Hot Tub		Sump Pump		Clothes Washer		
Kitchen Sinks		Floor Drain		Dishwasher		
Bathtub/Showers		Hot Water Heater		Backflow Device		
WATER HEATER:	Location	<input type="checkbox"/> Basement	<input type="checkbox"/> Garage	<input type="checkbox"/> Attic	<input type="checkbox"/> Other	
	Fuel Type	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other		
	Capacity	BTUs		<input type="checkbox"/> Tankless		
WATER SERVICE:	Type	<input type="checkbox"/> Copper	<input type="checkbox"/> PVC/Plastic	<input type="checkbox"/> Other	<input type="checkbox"/> Extend Line	
	Size	<input type="checkbox"/> ¾"	<input type="checkbox"/> 1"	<input type="checkbox"/> 1 ¼"	<input type="checkbox"/> 1 ½"	<input type="checkbox"/> 2"

ELECTRICAL SYSTEM DESCRIPTION

SERVICE:	Location	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> L Side	<input type="checkbox"/> R Side	<input type="checkbox"/> Underground	<input type="checkbox"/> Overhead
	Size	AMPs		No. 120v Circuits		No. 240v Circuits	
SERVICE CONDUCTORS:	<input type="checkbox"/> Aluminum		<input type="checkbox"/> Copper		Size AWG		
GROUNDING ELECTRODES:	<input type="checkbox"/> Aluminum		<input type="checkbox"/> Copper		Size AWG		
MAIN DISCONNECT LOCATION:	<input type="checkbox"/> Basement		<input type="checkbox"/> 1st Floor		<input type="checkbox"/> Other		
ELECT. BASEBOARD HEATING:	No. of Units						

CONTRACTOR/HOMEOWNER NAME (PRINT)	COMPANY NAME
CONTRACTOR/HOMEOWNER SIGNATURE	DATE
APPROVED BY	DATE