

NEW SINGLE FAMILY DWELLING SUBMISSION REQUIRED DOCUMENTATION

PERMIT APPLICATIONS WILL NOT BE ACCEPTED IF **ANY** OF THE FOLLOWING INFORMATION IS NOT SUBMITTED WITH THE APPLICATION. INCOMPLETE SUBMITTALS WILL BE RETURNED TO THE APPLICANT. WE ARE UNABLE TO HOLD PLANS AND DOCUMENTS IN THE DEPARTMENT IF THE REQUIRED INFORMATION IS NOT INCLUDED WITH THE APPLICATION

REQUIRED DOCUMENTATION

- Topos - 11 x 17 - 5 Sets prepared by Civil Engineer - (2 topos signed by owner, or submit letter stating builder has owner's permission to sign)
If spec house, builder needs to sign 2 topos
Show location of silt fencing on topo
- Completed Building Permit Application
- 2 Sets of Construction Plans

FEES

- \$2,000 Check Made Payable to the City of Westlake for Engineering Department Grading & Drainage Deposit

SUPPORTING REQUIRED DOCUMENTATION

- Systems Description Form
- Energy Efficiency Compliance Form
- Plumbing ISO (Address must be on document)
- Electrical Plan AND Load Calculation Sheet
- Smoke Detector Specs
- Gas Fireplace Specs (If Applicable)
- Manual J / HVAC Ductwork Plan **
** Sizes of all floor, wall and ceiling diffusers are to be shown. Show all balancing dampers, and outside air inlets/ducts
Specify all materials and submit product data for the furnace, condenser, thermostat and outside air supply equipment
- Engineering Letter / Verification of Beams & Headers - only if plans are NOT Architect stamped
- Flashing Details
- Attic Venting Calculations
- Roof Truss Package (If Applicable)
- Window Schedule
- I-Joist Package (If Applicable)



Application Date: _____

Date Issued: _____
 Permit Number: _____

CITY OF WESTLAKE, OHIO
APPLICATION

FOR BUILDING PERMIT AND CERTIFICATE OF OCCUPANCY

(PLEASE PRINT OR TYPE ENTIRE FORM)

Fee Description	Amount	Rec. #
PLAN REVIEW		
LESS PREPAID	()	
TOTAL PLAN REVIEW		
BUILDING		
B.B.S.		
TRENCH		
SIDEWALK		
RECREATION		
CONSTRUCTION BOND		
TREE DEPOSIT		

SANITARY TAP		
STORM DRAINAGE		
TOTAL \$		
GR.&DR.		

Property Owner's Name: _____

hereby makes application for (1) a **Permit** to erect, build or alter a structure as described in the application and the accompanying drawing, which are a part of this application and (2) a **Certificate of Occupancy** for the same if applicable.

LOCATION AND DESCRIPTION OF LOT

ADDRESS: _____ Sublot/Suite _____
 Development: _____ Per Par # _____
 Being _____ feet front and _____ feet deep on the _____ Side
 Being _____ feet rear and _____ feet deep on the _____ Side
 Total lot square footage _____

DESCRIPTION OF BUILDING, STRUCTURE OR ALTERATION

STRUCTURE USE: _____ NO. OF STORIES: _____
 GROSS FLOOR AREA: _____ FRONT YARD SETBACK: _____
 LENGTH: _____ REAR YARD SETBACK: _____
 WIDTH: _____ SIDE YARD SETBACK: _____
 HEIGHT: _____ SIDE YARD SETBACK: _____
 ESTIMATED COST: _____

SHORTEST DISTANCE TO ANY BUILDING ON ADJOINING LOT _____
 SHORTEST DISTANCE TO ANY BUILDING ON SAME LOT _____

ADDITIONAL INFORMATION REQUIRED TO BE COMPLETED ON COMMERCIAL BUILDINGS

USE GROUP: _____ OBC LIVE LOAD: _____ OBC
 CONSTRUCTION TYPE: _____ OBC OCCUPANCY LOAD: _____ OBC
 FIRE SUPPRESSION: _____ (Full) or _____ (Partial)

IF PROJECT IS A BUILDING ADDITION OR ALTERATION COMPLETE THE FOLLOWING FOR THE EXISTING BUILDING (Commercial Only)

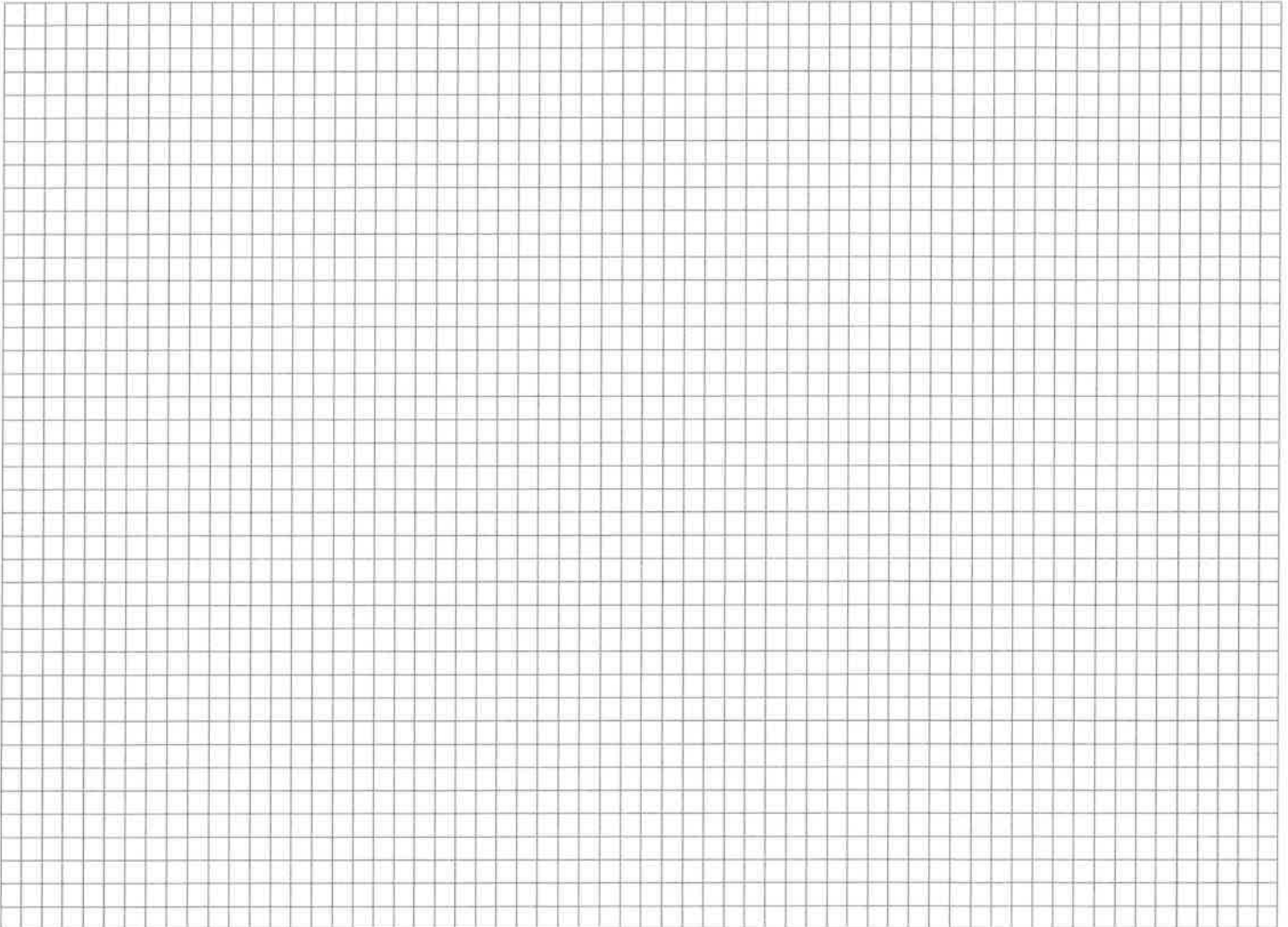
A. Area - Square Feet	B. Walls	C. Roof	D. Floors	E. Ceilings
Basement _____	<input type="checkbox"/> Masonry <input type="checkbox"/> Frame, Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Wood Frame <input type="checkbox"/> All Metal <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Heavy Timber <input type="checkbox"/> Other _____	<input type="checkbox"/> Wood on Wood Joists <input type="checkbox"/> Concrete Steel Joists <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Slab <input type="checkbox"/> Other _____	Exposed Joists Plaster on Fire Rated Dry <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Lath <input type="checkbox"/> Wall or Tile Rating in Hours <input type="checkbox"/> _____
1st Floor _____				
2nd Floor _____				
3rd Floor _____				
Other Floors _____				
Total _____				

NAME, ADDRESS & TELEPHONE NUMBER

- 1. ARCHITECT: _____
- 2. ENGINEER: _____
- 3. GEN. CONTRACTOR: _____

SITUATION PLAN

Show all lot lines and all lot dimensions.
Show all streets bounding property
Give distances from building to lot and street lines and other buildings on same lot, also buildings on adjacent lots.



The above is a true description of my lot.

The acceptance of the permit herein applied for shall constitute an agreement on my part to abide by all the conditions herein contained and to comply with all the ordinances of the City of Westlake, and the laws of the State of Ohio relating to the work to be done thereunder; and said agreement is a condition of said permit.

Agent or Owner _____ (Please print) _____
Signature

Company Name _____ Email: _____

Address _____

Telephone Number _____ Cell or Alternate Number: _____

RESIDENTIAL SYSTEMS DESCRIPTION FORM

The City of **Westlake** Ohio



DENNIS M. CLOUGH, MAYOR 27700 Hilliard Blvd.
Westlake, OH 44145

Phone 440.617.4105
Fax 440.617.4144

www.cityofwestlake.org

BUILDING DEPARTMENT

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	
Bathub/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"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/4" <input type="checkbox"/> 1 1/2" <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

BUILDING DEPARTMENT
27700 Hilliard Blvd. Phone 440.617.4103
Westlake, OH 44145 Fax 440.617.4144

The City of *Westlake* Ohio
DENNIS M. CLOUGH, MAYOR



www.cityofwestlake.org

Residential Energy Efficiency Compliance Declaration Form

JOB SITE ADDRESS:

Street Address & City/Township

2013 Residential Code of Ohio (RCO) 1101.2 Compliance

Compliance shall be demonstrated by meeting the requirements of one of the following options:

1. The "International Energy Conservation Code" (IECC); or
2. 2013 RCO Sections 1101 through 1104, Prescriptive Method; or
3. 2013 RCO Section 1105 - "The Ohio Home Builder's Association (OHBA) Alternative Energy Code Option" The OHBA option is not available for additions and alterations

Applicant shall indicate the energy compliance option below:

Check One Option below

1. **2009 International Energy Conservation Code (IECC)**

Then check one of the following: NOTE: 2011 IECC 403.2.2: Duct leakage (tightness) testing & verification report required if air handler or ducts are not located within conditioned space.

- REScheck based on the 2009 IECC
- Prescriptive method based on 2009 IECC Table 402.1.1
- Prescriptive method based on U- Factor alternative 2009 IECC Section 402.1.3
- Prescriptive method based on Total UA alternative 2009 IECC Section 402.1.4
- Simulated performance alternative 2009 IECC Section 405

Then check one of the following: For building envelope air tightness and insulation installation.

- Testing option per IECC Section 402.4.2.1 Air leakage testing (blower door) - verification report required
- Visual inspection option per IECC Section 402.4.2.2 (third party inspection) - verification report required

2. **2013 RCO Sections 1101-1104, Prescriptive Method**

Note: RCO Section 1103.2.2: Duct leakage (tightness) testing & verification report required if air handler or ducts are not located within conditioned space.

Then check one of the following: (for building envelope air tightness and insulation installation).

- Testing option per RCO Section 1102.4.2.1 (blower door)
- Visual inspection option per RCO Section 1102.4.2.2 (third party inspection)

3. **2013 RCO Section 1105 "The Ohio Home Builder's Association (OHBA) Alternative Energy Code Option"** * The OHBA option is not available for additions and alterations

* Effective January 1, 2014
2013 RCO 1105.2.4.2.1: Air leakage testing (blower door) & verification report required.
2013 RCO 1105.3.2.2: Duct leakage (tightness) testing & verification report required.
Duct leakage (tightness) testing & verification report not required if air handler or all ducts are located within conditioned space.

Then check one of the following:

- Compliance Path #1 *
- Compliance Path #2 *



City of Westlake

27700 HILLIARD BOULEVARD • WESTLAKE, OHIO 44145 • (440) 871-3300

Dennis M. Clough, Mayor

Fax: (440) 617-4189

**SURVEYOR MUST SUBMIT FOOTER VERIFICATION TO THE ENGINEERING DEPARTMENT,
AFTER EXCAVATING,
PRIOR TO SCHEDULING THE FOOTER INSPECTION.
ENGINEERING & BUILDING DEPT.
INSPECTION CERTIFICATE**

Single Family Homes
Bottom of Footer Elevation

I hereby certify that the Bottom of Footer Elevation of subplot # _____
In the _____ sub-division
at _____ was Observed to be _____.
Address & Street Name

The proposed survey and grading/plot plan for the above subplot
shows the proposed sub-grade elevation to be _____.

Date of Survey : _____

Signature of Professional Surveyor

Engineering Approval

Date Approved