

**CITY OF ELYRIA**  
**COMMERCIAL OBC-MINOR ALTERATION APPLICATION**

<b>Job Location</b>	<b>Date Stamp</b>
Address. _____ Lot/Unit/Suite No. _____	
Project and or Business Name. _____	

**Owner Information**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

**Contractor Information**

Name \_\_\_\_\_ DBA \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

**ALL SUBCONTRACTORS MUST BE REGISTERED WITH THE CITY OF ELYRIA.**

**OBC-Minor Alteration Fees**

A. Basic fee.

a. Greater of \$100.00 or 1/2 of 1% of Total Cost of Construction. \_\_\_\_\_

*(Minimum \$100.00)*

B. Square footage fee. *(Interior Alterations Only)*

a. Floor Area square footage *(new)* \_\_\_\_\_ x \$ .03 \_\_\_\_\_

b. Floor Area square footage *(altered)* \_\_\_\_\_ x \$ .02 \_\_\_\_\_

\$ \_\_\_\_\_ Subtotal \_\_\_\_\_

*(Cost of Proposed Work)* State Fee 3% of Subtotal \_\_\_\_\_

Total Cost \_\_\_\_\_

**(Scope of work)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date. \_\_\_\_\_

Signature of Owner, or Agent Responsible for Work  Check if Owner  Check if Agent

Date Approved. \_\_\_\_\_ Inspectors Initials. \_\_\_\_\_ Zoning \_\_\_\_\_ Receipt No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Date Denied. \_\_\_\_\_ Comments. \_\_\_\_\_