

**CITY OF ELYRIA**  
**RESIDENTIAL ALTERATION APPLICATION**  
**INCLUDING WINDOWS, PORCHES, ROOFING, SIDING, FOUNDATION, FIRE REPAIR.**

<b>Job Location</b>	<b>Date Stamp</b>
Address _____	
Lot/Unit/Suite No. _____ Subdivision _____	

**Owner Information**

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

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

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

**Contractor Information**

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

Address \_\_\_\_\_

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

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

**Alteration Fees**

A. Application Fee	\$ 35.00	
a. Plus \$10.00 per \$1,000 of total cost of construction or fraction thereof.		
_____	Subtotal	
<i>(Cost of Proposed Work)</i>	State Fee 1% of Subtotal	
	Total Cost	

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

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***All alterations shall comply with the Residential Code of Ohio or  
the Listing/Labeling of the product manufacturer.***

\_\_\_\_\_  
Signature of Owner, or Agent Responsible for Work     Check if Owner     Check if Agent    Date. \_\_\_\_\_

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

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