

**CITY OF ELYRIA
PERMIT APPLICATION
REPAIR/REMODEL EXISTING SPACE – 1, 2, 3 FAMILY**

INCLUDING: MASONRY (Above Grade), PORCHES, WINDOWS, DOORS, SIDING, ROOFING, FIRE REPAIR (Under 50%), ETC.

Please Print Clearly

Address _____ Date _____

Owner _____ Address _____ PH _____

E-mail. _____

Contractor _____ Address _____ PH _____

E-mail. _____ No. of Dwelling Units? _____ Owner Occupied? _____

It is the applicant's responsibility to complete this application and provide all required drawings. If you haven't the ability to do so, please consult someone who does.

Please Check type of work being done: HOME____ ATTACHED GARAGE____ ATTACHED PORCH____ OTHER____

REROOFING OVER EXISITNG (ONE) LAYER____ REMOVE & REPLACE ROOFING____ PORCH REPAIR____ FIRE REPAIR____

SIDING/WINDOWS/DOORS____ GENERAL REPAIRS / ALTERATIONS____ AWNINGS____ (SIZE/LOCATION)_____

DESCRIBE WORK TO BE COMPLETED. (List number of windows/doors to be replaced, describe the relocation of walls nonbearing and bearing. Include all information that would assist the Plans Examiner /Inspector in becoming familiar with the work being done) A spec sheet may be submitted in lieu of a handwritten explanation or submit a detailed floor plan indicating the alterations. For porch replacements (partial or complete) and for structural alterations, the applicant must submit construction drawings, cross sectional drawings, elevations and /or floor plans with sufficient details to show the proposed work will conform to the provisions of the applicable code.

Note: If the existing roof deck is water-soaked or deteriorated to the point of being unacceptable as a base it must be replaced. **Attic ventilation is required at a ratio of 1 sq. ft. vent/150 sq. ft. attic area, unless approved otherwise. Most ridge vent systems are intended to be installed in conjunction with eave, cornice or soffit vents. Check with the manufacturer.**

Note: Total window space and openable area shall not be reduced or altered below minimum code standards; (8% of floor space for all habitable rooms and minimum dimension requirements for emergency escape in all sleeping rooms).

Note: The replacement awning(s) must be of identical dimensions or smaller than those being replaced.

Note: New attached awnings, patio enclosures, carports and porch awnings must use the "NEW CONSTRUCTION APPLICATION"

Note: The Building Department may require a detailed site plan to assure compliance with the City of Elyria Zoning Code.

Note: The owner or his agent are responsible for securing permits. The contractor is responsible for requesting inspections. Final inspections and approvals are required prior to the use or occupancy of the space.

Note: Per the 2019 Residential Code of Ohio, Section 315.2.2 Alterations, repairs and additions. In existing dwelling units, having fuel-fired appliances or an attached garage, where an application for approval is required for work involving any of the following areas or systems within that dwelling unit, the individual dwelling unit shall be equipped with carbon monoxide alarms located as required for new dwellings: *1. The addition or creation of a new sleeping room. 2. An alteration of a sleeping room. 3. An alteration in the immediate vicinity outside of a sleeping room; 4. An addition of, or an alteration to, an attached garage; 5. An addition, alteration, repair or replacement of a fuel-fired appliance.*

WARNING: Beginning work without permit in hand shall result in payment of a double fee (1317.07, Elyria Codified Ordinances). THE BUILDING PERMIT MUST BE CONSPICUOUSLY POSTED FOR PUBLIC VIEW. – Preferably in a front window.

The undersigned hereby certifies that the information contained herein is accurate to the best of his/her knowledge. The undersigned owner or owner's agent, by commencing or authorizing commencement of work, takes full responsibility for compliance with City codes and State regulations.

Total cost of construction \$ _____ Signature of Owner: _____ **Print:** _____

FEE DUE \$ _____ + (State Fee 1 %) Signature of Owner's Agent: _____ **Print:** _____

(\$35.00 + \$10.00 per \$1,000 of total cost of construction or fraction thereof + State Fee 1 %)

BUILDING DEPT. USE ONLY:

Date Approved/Inspector _____ Date Rejected/Inspector _____

Fee _____ Remarks: _____

