

CITY OF ELYRIA
COMMERCIAL OBC-MINOR ALTERATION APPLICATION

Job Location	Date Stamp
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 \$.05 _____

b. Floor Area square footage *(altered)* _____ x \$.04 _____

\$ _____ Subtotal _____

(Cost of Proposed Work) State Fee 3% of Subtotal _____

Total Cost _____

(Scope of work, please be specific) _____

Signature of Owner: _____ . **Print:** _____

Signature of Agent: _____ . **Print:** _____

Date: _____

Date Approved. _____ Inspectors Initials. _____ Zoning _____ Receipt No. _____ Permit No. _____

Date Denied. _____ Comments. _____