



RESIDENTIAL - ONE, TWO AND THREE FAMILY APPLICATION FOR PLAN APPROVAL

City of Sandusky, Department of Community Development, Division of Building Inspection

Please fill out blue-shaded areas only for Residential Meter Inspection.

1	Type of Work <i>(check all that apply)</i>	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration	<input type="checkbox"/> Foundation only <input type="checkbox"/> Industrialized Unit <input type="checkbox"/> Demolition	<input type="checkbox"/> Siding / Roof Repair <input type="checkbox"/> Special Inspection <input checked="" type="checkbox"/> Other: Meter Inspection
2	Exact Address of Project:				Type of Occupancy: <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Three Family	
3	Property Owner of Record:				Daytime Telephone:	
	Street Address City, State, Zip:				E-mail:	
4	Submitter Name: (Contractor: list Company Name & Contact Name)				Daytime Telephone:	
	Street Address City, State, Zip:				E-mail:	
5	Estimated Value of Improvement:	\$	6	Work will be done by: <input type="checkbox"/> Owner/Occupant <input type="checkbox"/> Contractor		
7	Is this project/building located in a Flood Plain? _____ No _____ Yes, has the flood plan administrator been contacted for requirements? _____ No _____ Yes					
8	List any and all Contractors or Sub-Contractors working on this project not listed above:					
9	Describe the proposed work to be done in sufficient detail to determine compliance with all applicable Federal, State or Local Codes (i.e.: Residential Code of Ohio, National Electric Code, Ohio Plumbing Code, Ohio Mechanical Code, Flood Plain Regulations, etc.) Use additional sheet(s) if necessary.					
	METER INSPECTION					
	OE Work Order #: _____					
	New Building, Additions, or Alterations to Existing Building: NOTE: Fees based on gross area of each floor including basement, bonus rooms, garage, decks, and porches.					
10	Check Appropriate Floors:	Total Square Feet Per Floor	Fee Subtotal (see fee schedule)	\$75.00		
	<input type="checkbox"/> Basement / Crawl		1% surcharge			
	<input type="checkbox"/> First Floor		(paid to Ohio BBS)	\$0.75		
	<input type="checkbox"/> 2, 3 (Circle Floor No.)		TOTAL	\$75.75		
	<input type="checkbox"/> Garage		Make checks payable to: <i>City of Sandusky, Ohio</i>			
	<input type="checkbox"/> Deck(s), Porch(s)		Paid by: <input type="checkbox"/> Cash			
	<input type="checkbox"/> Other		<input type="checkbox"/> Check no. _____			
	TOTAL SQUARE FEET OF ABOVE <small>(Use this total to compute fees)</small>		<input type="checkbox"/> Credit /Debit Card			
11	I hereby certify that I am the <small>(select one)</small> <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner	<i>And all information contained in this application is true, accurate and complete to the best of my knowledge. I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to all applicable laws of this jurisdiction.</i>				
	IF WORK IS BEING DONE BY OWNER/OCCUPANT A CITY OF SANDUSKY AFFIDAVIT MUST BE SIGNED AND NOTARIZED.					
	Signature	Date	Print or type the name of signer			
	If this application is signed by an agent, authorization in writing from the legal owner is required. Where owner is a corporation, the signature of authorization should be by an officer of the corporation under corporate seal.					
Office Use Only Below this line						
Parcel #:		Lot #:		Zoning:		CPA #:
Submittal Date:		<input type="checkbox"/> Walk-in		<input type="checkbox"/> Mail	<input type="checkbox"/> Fax or email	<input type="checkbox"/> Phone
<i>Attach any comments or concerns</i>						