

**CITY OF AMHERST, OHIO**

**Building Department  
480 Park Avenue 44001  
440-988-3734**

**APPLICATION FOR PERMIT**

**Date:** \_\_\_\_\_ **Residential** \_\_\_\_\_ **Commercial** \_\_\_\_\_

\_\_\_\_\_ **BUILDING PERMIT**      \_\_\_\_\_ **ELECTRICAL PERMIT**      \_\_\_\_\_ **OTHER** (describe)

\_\_\_\_\_ **PLUMBING PERMIT**      \_\_\_\_\_ **HEATING/VENT**      \_\_\_\_\_ **FIRE**

**OWNER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**JOB SITE:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**VALUE OF WORK:** \_\_\_\_\_

**SQUARE FOOTAGE OF WORK:** \_\_\_\_\_

Provide a drawing on the back of this paper, attach drawing or describe the work to be authorized by this permit: Photo's are acceptable. (35mm min.)

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I do hereby agree that the work done under this application and accompanying drawings, which are part of this application, shall conform to the Amherst Building and Zoning Codes, and all other rules and regulations governing said work. I further agree to abide by the interpretations of said Codes and Ordinances as interpreted by the authority having jurisdiction (City of Amherst Code Officials).

Permit shall include only such work as detailed in this application. Permit is good for 6 months.

**Please give a 24-hour notice for all inspections.**

Electric M-W-F after 3:30. Plumbing & HVAC M-W-F after 4:00. Footer, Foundation and Insulation weekdays 7:00 to 3:00 p.m.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title (if applicable)

**\*\*\* All existing commercial buildings shall be evaluated by a registered design professional in accordance with Article 34 – OBC & ICC, most recent edition. WRITTEN EVALUATION IS REQUIRED BEFORE CONSTRUCTION.**