

City of Aurora, Ohio - Planning, Zoning and Building Division

129 W. Pioneer Trail, Aurora, OH 44202 330.562.9564 Fax: 330.562.9719 www.auroraoh.com

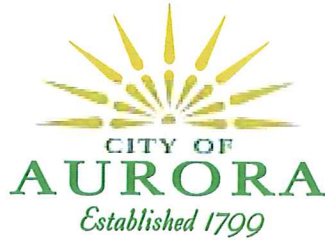
INTERIOR ALTERATIONS

APPLICATION SUBMITTALS

RESIDENTIAL INTERIOR ALTERATIONS require submittal of the following:

1. Completed Building Permit Application.
2. A \$37.50 non-refundable deposit. Make checks payable to City of Aurora.
NOTE: *This is an application deposit only. Additional fees may be owed upon issuance of permit.*
3. Two Sets of Plans.
4. Approvals necessary prior to issuance of a permit:
 - a. Zoning Inspector
 - b. Plan Review
 - c. Planning, Zoning and Building Division Director
5. All contractors/subcontractors must be registered with the Planning, Zoning & Building Division.
6. Inspections required:
 - a. Rough Framing, Electric, Plumbing & HVAC
 - b. Insulation
 - c. Final

PERMIT # _____
Parcel No. _____
Zoning _____ S/L _____ G/L _____



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**BUILDING PERMIT APPLICATION FOR
RESIDENTIAL INTERIOR ALTERATIONS**

PLEASE PRINT:

Project Address: _____ Sublot No. _____
Owner's Name: _____ Email: _____
Owner's Address (if different than above): _____
City _____ State _____ Zip Code _____ Phone _____
General Contractor Name: _____
Address: _____ City _____ State _____ Zip Code _____
Phone _____ Cell _____ Fax _____ Email: _____

PROJECT INFORMATION:

Type of Project: _____
Project Cost: \$ _____ Height _____ Length _____ Width _____ Total Sq. Ft. _____
New Plumbing Fixtures: Yes _____ No _____ New Electric Panel Box: Yes _____ No _____
New HVAC: Yes _____ No _____ New Electrical Fixtures: Yes _____ No _____
New Water Heater: Yes _____ No _____ New Electrical Outlets: Yes _____ No _____

Acceptance of the permit herein applied for shall constitute an agreement on my/our part to abide by all conditions herein contained and to comply with all ordinances of the City of Aurora and the laws of the State of Ohio relating to all work to be done thereunder; and said agreement is a condition of said permit.

Applicant Signature _____
Sign & Print Name _____ Owner/Agent _____

**ALL CONTRACTORS/SUBCONTRACTORS MUST BE REGISTERED WITH THE CITY OF
AURORA BEFORE PERMITS ARE ISSUED.**

NAME AND ADDRESS

GENERAL _____
 EXCAVATOR _____
 MASON _____
 CARPENTER _____
 PLUMBER _____
 ELECTRICIAN _____
 HVAC _____
 CONCRETE _____
 INSULATION _____
 ROOFER _____
 SIDING _____
 DOWNSPOUTS _____
 SEWER _____
 OTHER _____
 OTHER _____
 OTHER _____

FOR PLANNING, ZONING & BUILDING DIVISION USE ONLY

DATE APPLICATION RECEIVED _____
 RECEIVED BY _____ DEPOSIT AMT. \$37.50

Building \$ _____
 Comp. Dep. \$ _____
 Electrical \$ _____
 Fireplace \$ _____
 HVAC \$ _____
 Miscellaneous \$ _____
 Occupancy \$ _____
 Plumbing \$ _____
 Plan Review \$ _____
 Water Heater \$ _____
 Other \$ _____
 Other \$ _____
 1% State Fee \$ _____

SUBTOTAL \$ _____
Deposit - \$ 37.50
 TOTAL \$ _____

PERMIT PAID BY: _____

DATE: _____