



## 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 \$55.00 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: \$ \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

Number of New Plumbing Fixtures \_\_\_\_\_ Number of New Electric Panel Boxes \_\_\_\_\_

Number of New Electric Outlets \_\_\_\_\_ New HVAC: Yes \_\_\_\_\_ No \_\_\_\_\_

New Water Heater: 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 \_\_\_\_\_  
 MASON \_\_\_\_\_  
 CARPENTER \_\_\_\_\_  
 PLUMBER \_\_\_\_\_  
 ELECTRICIAN \_\_\_\_\_  
 HVAC \_\_\_\_\_  
 CONCRETE \_\_\_\_\_  
 INSULATION \_\_\_\_\_  
 SEWER \_\_\_\_\_  
 OTHER \_\_\_\_\_  
 OTHER \_\_\_\_\_  
 OTHER \_\_\_\_\_

**FOR PLANNING, ZONING & BUILDING DIVISION USE ONLY**

DATE APPLICATION RECEIVED \_\_\_\_\_  
 RECEIVED BY \_\_\_\_\_ DEPOSIT AMT. \_\_\_\_\_

Building	\$	_____
Electric	\$	_____
Plumbing	\$	_____
HVAC	\$	_____
Zoning	\$	_____
Occupancy	\$	_____
Plan Review	\$	_____
Comp. Dep.	\$	_____
Processing	\$	_____
Other	\$	_____
1% State Fee	\$	_____
SUBTOTAL	\$	_____
Deposit	- \$	_____
TOTAL	\$	_____

PERMIT PAID BY: \_\_\_\_\_

DATE: \_\_\_\_\_