



Village of Newburgh Heights Building Department

3801 Harvard Ave., Newburgh Heights OH 44105 Phone: 216-641-4654

Application for Residential Siding Permit

Permit No. _____

Building Department Hours
9am to 3pm Monday through Friday
216-641-4654

Date Issued _____

DIRECTIONS: Please supply information in Section 1 and check off boxes in Section 2 which describes your submission requirements.

Section 1 – General Information

PLEASE PRINT OR TYPE

Estimated cost

of Project \$ _____

Address of construction _____

Owner's name _____ Phone _____

Owner's address _____

Contractor _____ Business phone _____

Contractor's address _____

Street

City

State

Zip

Section 2 – Description of Property and Project

Type of structure

Single 2-family 3-family

Other (describe) _____

SUBMISSION REQUIREMENTS (Synthetic - other than wood)

Photos

Four photographs - one of each side of house

One close-up photograph of the existing siding

Is there more than one type of siding on the house? (additional photos)

Measurements

Height measurement of the existing clapboard, shingle or lap siding

Height measurement of the proposed synthetic siding

(a difference in siding height requires an approval from ABR)

Type of work

Siding over wood siding

Type of material?

Other _____

Proposed siding brochure

New siding brochure: who is the manufacturer? _____

Contractor is required to schedule a rough-in inspection before any concealment.

By signing the application, the applicant certifies that the installation will comply with the regulations of the Newburgh Heights Building Code and State Codes.

TO THE BUILDING COMMISSIONER: This application is submitted for a permit to erect, add to, alter or repair a structure as described in this application and any drawings which accompany it. The acceptance of the permit shall be considered an agreement on the part of the applicant or his agents to comply with the Building and Zoning codes of the City of Newburgh Heights, or other orders, requirements or specifications slated in the permit.

In signing this application, the contractor or owner's agent certifies that the work is authorized by the owner or record.

Applicant's signature

Print name

Date

Applicant is Owner

Contractor

Owner's agent

DO NOT WRITE BELOW THIS LINE

Section 3 – Additional Requirements (to be filled out by staff)

OTHER APPROVALS

Architectural Board of Review

Zoning

The applicant has applied for the Architectural Board of Review

(date) _____

Section 4 – Approval and Fees

Building Official _____ Date _____

Amount _____ Cash/Check # _____

ATTENTION

AS THE CONTRACTOR, YOU ARE REQUIRED BY LAW TO CLOSE THIS PERMIT AFTER YOUR WORK IS COMPLETED CALL 216-641-4654 TO SCHEDULE A FINAL INSPECTION.