

Village of Newburgh Heights Housing and Building Department

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

Application for Residential Siding Permit

Permit No.			Date Received				
DIRECTIONS: Pleas	e supply informati	on in Section 1 and check off t	poxes in Section 2 which describe	es your submission requ	uirements.		
Section 1 – General PLEASE PRINT OR TYPE		ation Es	stimated cost Project \$				
Address of constructio	n						
		Phone					
		Business phone					
Contractor's address _	Street		City	State	Zip		
Section 2 – Desc	cription of	Property and Proj	ect				
Type of structure Single 2-family Other (describe)	3-family	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					
Type of work Siding over wood sidin	ıg						
Type of material?		Height measurement of the proposed synthetic siding (a difference in siding height requires an approval from ABR)					
Other	_	Proposed siding brochure New siding brochure: who is the manufacturer?					
Contractor is required to se	chedule a rough-	in inspection before any conc	ealment.				
By signing the application, Building Code and State C		tifies that the installation wil	l comply with the regulations of	the Newburgh Heigh	ts		
in this application and any	drawings which a comply with the B	accompany it. The acceptance	a permit to erect, add to, alter e of the permit shall be consider the City of Newburgh Heights,	ed an agreement on th	ne part of the		
In signing this application,	the contractor or	owner's agent certifies that t	he work is authorized by the ov	vner or record.			
Applicant's signature		Print name		Date			
Applicant is Owne	r	Contractor	Owner's agent				

DO NOTE WRITE BELOW THIS LINE (OFFICE USE ONLY)

Section 3 – Additional Requirements (to be filled out by staff)							
OTHER APPROVALS Architectural Board of Rev	iew Zoning						
	ne Architectural Board of Review	_					
Section 4 – Approval a	and Fees						
Building Official	Date	of Approval					
Section 5 – Payment							
Permit Fee	Cash	Credit Card					
State Fee	Check #	Card #					
Surcharge Amount		Name on card					
Total Amount		Exp. date	CVS				