



**APPLICATION FOR BUILDING PERMIT
CITY OF LOUISVILLE**

Date _____ Site Address _____

Property Owner(s) Name: _____

Address _____ Phone _____

Registered Contractor/Applicant Name: _____

Address _____ Phone _____

Estimated Cost(s): Building \$ _____ Land/Lot \$ _____ Total \$ _____

PLEASE CHOOSE BUILDING PERMIT YOU ARE APPLYING FOR (ONE APPLICATION PER PERMIT):

<input type="checkbox"/> New Residence <input type="checkbox"/> Addition <input type="checkbox"/> Detached Accessory Building (Garage, Barn, Pole Building)	<input type="checkbox"/> Roofing / Siding <input type="checkbox"/> In-Ground Pool <input type="checkbox"/> Deck (if > 200 sq ft or 30" ht) / Pergola <input type="checkbox"/> Foundation Repair <input type="checkbox"/> Other Alterations or Repairs _____	Size of Project: Main Floor _____ Second Floor _____ Garage _____ Total Sq Ft _____
--	---	--

By signing, applicant is:

1. Consenting to the City's entry onto the property for inspection purposes.
2. Completing work according to the approved plans and specifications, as well as in compliance with all applicable laws of the State of Ohio, Stark County and the City of Louisville.

Signature of Applicant _____ **Date** _____

<u>For Office Use Only:</u>			
Plans Review Fee _____	City Permit Fee _____	State Fee 1% _____	
Permit Number _____	Zoning District _____	Lot # _____	Parcel # _____