



Village of South Russell
BUILDING AND ZONING DEPARTMENT
5205 Chillicothe Road
South Russell, Ohio 44022
440-338-1312
building@southerussell.com

For office use only
Date _____
App#: _____
Fee: _____
Receipt #: _____
Permit#: _____

MISCELLANEOUS PERMIT APPLICATION

Date: _____

PROPERTY ADDRESS: _____

OWNER'S NAME(S): _____

OWNER'S ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY, STATE, ZIP: _____

PHONE NUMBER(S): _____ EMAIL ADDRESS: _____

CONTRACTOR INFORMATION

COMPANY NAME: _____ SRV Registration #: _____

PHONE: _____ EMAIL ADDRESS: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

AGENT/APPLICANT SIGNATURE: _____

PRINTED NAME: _____

INFORMATION REGARDING PERMIT BEING APPLIED FOR

DETAILED DESCRIPTION OF WORK: _____

****PLEASE COMPLETE OTHER SIDE****

CHECK ONE: NEW _____ ADDITIONAL _____ REPLACEMENT _____ ALTERATION _____

HEATING: _____
BTUs ELECTRIC GAS OIL HEAT PUMP METAL/WOOD STOVE

AIR CONDITIONING: _____ Attach sketch of
SIZE TONS PORTABLE STATIONARY unit location in relation
to house, side & rear lot lines

ELECTRICAL: _____
OF SWITCHES # OF PLUGS PANEL (main or sub) MOTORS HORSEPOWER

ROOFING*: _____
OVER EXISTING/TEAR OFF TYPE/BRAND/WEIGHT ROOF PITCH

SIDING*: _____ WINDOWS*: _____
TYPE # ELEVATION TYPE

DRIVEWAY: _____
(NO APRON) Concrete Asphalt Overlay Tear Out Length Width Square Footage

SIGNS: _____ (Lighting requires an
O/A Size: Height Width Ht from grade # of sides Monument Wall Illuminated Floodlights electrical permit)

FENCING: _____ Include site plan showing length, height and type of fence, and distances from all lot lines

RETAINING WALL: _____ Include drawing showing location on lot, depth of footer and material being used

TOWER: _____ PATIO: _____ Include site plan showing size & location of patio and material being used

DEMOLITION: _____

PLEASE DOWNLOAD AND ATTACH CCA FORM
*Refundable Deposit of \$1,000 required for Roof, Siding and Windows

The undersigned, as permit applicant and holder, hereby agrees to abide by all the conditions herein contained, and to comply with all laws and ordinances of the State of Ohio and the Village of South Russell, for work to be done thereunder. Applicant acknowledges inspection requirements and agrees to allow at least 48 hours notice prior to scheduling an inspection.

Signature of Applicant _____ *Date* _____ *Estimated Cost of Project* _____

For Office Use Only

Approved _____ *Date* _____

Denied _____ *Date* _____

Reason(s) for Denial and Action(s) Needed: _____

CCA - MUNICIPAL INCOME TAX FORM

Date Permit Issued _____ Homeowner _____ Contractor Name _____

Municipality SOUTH RUSSELL VILLAGE Address _____ Address _____

Amount of Contract _____ For _____ City _____

Bldg. Permit # _____ Subdivision _____ F.I./S.S. # _____

TYPE	SUB CONTRACTORS	ADDRESS	F.I./S.S. #	CONTRACT AMOUNT	CCA
Excavation					
Trenching					
Sanitary Sewer					
Septic					
Storm Sewer					
Footers					
Down Spouts					
Masonry/ Block					
Concrete					
Heating					
Electric					
Plumbing					
Deck					
Walk/Patio					
Drive					
Fireplace					
Rough Carpenter					
Other					