



CITY OF LORAIN  
 DIVISION OF BUILDINGS  
**RESIDENTIAL  
 ACCESSORY/ADDITIONS**  
**PERMIT APPLICATION**  
 Phone: 440-204-2045 / Fax: 440-204-2540  
 Jose Pallens, Chief Building Official

Date	_____
Valuation \$	_____
Permit Fee	_____
1% State Fee	_____
Add \$7.00 Technology Fee	_____
Total Fees \$	_____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____

**Per Lorain City Council, As of January 21, 2021 –  
 add \$7.00 [TECHNOLOGY FEE] to final permit cost**

Contractor \_\_\_\_\_ Phone \_\_\_\_\_

OWNER \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

**INSIDE LOT**     **CORNER LOT (If corner lot-show both street names and direction)**

**DIRECTIONS:**

- Please attach a plot plan with the information requested from items 1 through 8 (see page 2)
- On a separate sheet submit item 9 request.

**WE REQUIRE THE FOLLOWING ITEMS:**

1. Size of lot, size of house
2. Elevation of structure from grade.
3. Size of all accessory buildings (garage, shed, etc.)
4. Must maintain five (5) feet between all structures
5. Dimensions of new structure
6. Distance from new structure to property lines
7. Distance from new structure to existing structures
8. If corner lot-show path direction of each street
9. Detailed construction plans (**2 sets**)
10. Material list
11. Is deck attached to house?
12. Description of work: \_\_\_\_\_  
 \_\_\_\_\_

**\*\*\*Inspectors are not responsible for establishing property lines\*\*\***

I CERTIFY THAT I AM THE OWNER OF THE ABOVE PROPERTY, THAT THE ABOVE STATEMENTS ARE TRUE AND THAT THE WORK WILL BE PERFORMED ONLY BY MYSELF, PER ORD. 118-96, SECTION III - 1.

\_\_\_\_\_

**Owner**

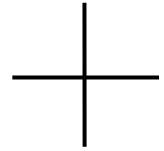
I CERTIFY THAT I AM AUTHORIZED BY THE OWNER OF THE ABOVE PROPERTY TO OBTAIN THE DESCRIBED PERMIT; THAT THE ABOVE STATEMENTS ARE TRUE AND THAT THE WORK WILL BE PERFORMED BY CONTRACTOR (S) WHO IS/ARE REGISTERED WITH THE CITY OF LORAIN BUILDING DEPARTMENT.

\_\_\_\_\_

**Authorized Representative**

**For Official Use only:** Zoning Approval \_\_\_\_\_ Date \_\_\_\_\_  
 Building Approval \_\_\_\_\_ Date \_\_\_\_\_ Plumbing Approval \_\_\_\_\_ Date \_\_\_\_\_  
 HVAC Approval \_\_\_\_\_ Date \_\_\_\_\_ Electrical Approval \_\_\_\_\_ Date \_\_\_\_\_

CITY OF LORAIN  
DIVISION OF BUILDINGS



INDICATE NORTH

**DIMENSIONS REQUIRED:**

- Size of lot
- Size of house
- Size of ALL accessory building(s) (Garage, shed, etc.)
- All dimensions in parenthesis ( ) that pertain to project – must maintain five feet (5") between all structures
- If corner lot, show both streets and direction
- Cross out any structures not pertaining

