

**CITY OF NORTH OLMSTED
BUILDING DEPARTMENT**

REQUEST FOR FINAL INSPECTIONS (must be submitted **five (5) working days prior to req**

RESIDENTIAL ONLY:

NAME OF OWNER: _____ PHONE: _____
ADDRESS: _____ S/L: _____

COMMERCIAL ONLY:

TENANT'S NAME: _____
ADDRESS: _____

RESIDENTIAL OR COMMERCIAL:

GENERAL CONTRACTOR: _____ **PHONE:** _____
ELECTRICAL CONTRACTOR: _____ **PHONE:** _____
HEATING CONTRACTOR: _____ **PHONE:** _____
PLUMBING CONTRACTOR: _____ **PHONE:** _____
FIREPLACE CONTRACTOR: _____ **PHONE:** _____
SPRINKLER CONTRACTOR: _____ **PHONE:** _____
FIRE ALARM CONTRACTOR: _____ **PHONE:** _____
SUPPRESSION CONTRACTOR: _____ **PHONE:** _____
LOW VOLTAGE CONTRACTOR: _____ **PHONE:** _____
HOOD SUPP. CONTRACTOR: _____ **PHONE:** _____

DATE OF INSPECTION REQUESTED: **(a.m. or p.m.)** _____

ANTICIPATED DATE OF OCCUPANCY: _____

BUILDING PERMIT NO: _____
ELECTRICAL PERMIT NO: _____
HEATING PERMIT NO: _____
PLUMBING PERMIT NO: _____
FIREPLACE PERMIT NO: _____
SPRINKLER PERMIT NO: _____
FIRE ALARM PERMIT NO: _____
SUPPRESSION PERMIT NO: _____
LOW VOLTAGE PERMIT NO: _____
HOOD SUPP. PERMIT NO: _____
*** LANDSCAPING PERMIT NO:** _____

OFFICE USE ONLY

RESIDENTIAL

Building Dept.
Service Dept.
Engineering Dept.

COMMERCIAL

Building Dept. Fire Dept.
Engineering Dept. Police Dept.
Finance Dept. WWTP

*** Landscaping permit required prior to issuance of certificate of occupancy on new structures additions or when added landscaping is a condition of approval.**

**Mail to: City of N. Olmsted, Bldg Dept., 5200 Dover Center Rd., N. Olm., OH
- or - Fax to: (440) 777-5889**

