



CITY OF TOLEDO-BUILDING INSPECTION  
 P.O. Box 844, Toledo, OH 43697  
 One Gov't Cntr., Suite 1600, Toledo, OH 43604  
 419-245-1220 Fax 419-245-1329 www.ci.toledo.oh.us

Application # \_\_\_\_\_

**REGISTRATION CERTIFICATE WORKSHEET**

FOR 1, 2, OR 3 FAMILY RESIDENTIAL ROOFING, SIDING, WINDOW REPLACEMENT AND DECKS ONLY

ADDRESS OF JOB \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PROPERTY OWNER OF RECORD \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

EXISTING USE OF BUILDING / PROPERTY \_\_\_\_\_

WORK TO BE DONE (CHECK ONE)     ROOFING     WINDOWS     SIDING     DECK

VALUATION OF JOB \$ \_\_\_\_\_

AREA OF CONSTRUCTION (FOR DECK ONLY) \_\_\_\_\_

Is this property in a designated Historic area?     YES     NO

**If YES, you will need your Certificate of Appropriateness of Certificate of Approval to obtain your registration certificate.**

If replacing **windows** do the replacements differ from the existing windows in form, function or characteristics?  Yes  No

**If YES, you will need a building permit.**

Roofing – If more than 2 layers exist, must tear off all layers.

**Only maximum of 2 layers are permitted.**

If building a **deck**:

**You must submit three (3) sets of plans and site drawing with this application for approval.**

Is the walking surface of the deck 30 inches or more from grade to any side?     Yes     No

Will there be a railing with infill items (e.g. Balusters, Spindles, Panels, Etc)?     Yes     No

**If you answered yes to any of the above for a deck do not use this form.**

COMMENTS: \_\_\_\_\_

REGISTRATION FEE: \$35.00 plus 1% State Surcharge Fee \$ .35

Total Fee Due \$35.35

APPLICATION APPROVED / PROCESSED BY: \_\_\_\_\_ (PERMIT TECHNICIAN)

In consideration of granting this permit, I, or we, agree to save the City of Toledo, harmless from any and all damages. I or we, do hereby covenant and agree to construct said work in all respects in compliance with the provisions of the Statues of the State of Ohio and the Ordinance of the City of Toledo, and that all statements as made are correct and true, and that all orders of Division of Building Inspections will be complied with.

APPLICANT (PRINT NAME) \_\_\_\_\_  OWNER     CONTRACTOR (CHECK ONE)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ TELEPHONE # (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_