

The City of

Alliance

"The Carnation City"

Ohio 44601-2415

504 E. Main Street

Dept. of Engineering, Building & Zoning

Phone: (330) 823-5122

Email: Eng.bld.zon@allianceoh.gov

ZONING APPLICATION

Date: _____ Site Address: _____ Job Estimate: _____

Property Owner's Name: _____ Phone Number: _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person's Email _____

Contractor/Applicant: _____ Phone Number: _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person's Email _____

PLEASE CHOOSE TYPE OF ZONING PERMIT APPLYING FOR:

(please note, projects below may require more than one City permit)

\$35.00 Application Fee	\$50.00 Application Fee	\$100.00 Application Fee
<input type="checkbox"/> Deck/Porch <input type="checkbox"/> Fence Height _____ <input type="checkbox"/> Pool Above ____ Inground ____ <input type="checkbox"/> Patio <input type="checkbox"/> Accessory Building (Up to 200 sqft)	<input type="checkbox"/> New Residence (per unit) <input type="checkbox"/> Addition <input type="checkbox"/> Garage (200 sqft & Over) <input type="checkbox"/> Other _____	<input type="checkbox"/> Commercial Business Development <input type="checkbox"/> Tenant Change (Existing Building)
		\$65.00 Application Fee <input type="checkbox"/> Residential Home Occupation

Comments: _____

Submit a Site Plan Drawing Indicating the Following	Complete Below Information Regarding the Property & Project:		
		Code Requirements	Actual Totals
1. Name, address & phone number of applicant	Lot Area	_____	_____
2. Address & lot number of site to be developed	Building Floor Space	_____	_____
3. Dimensions of lot including a "North" arrow	Garage Floor Space	_____	_____
4. Front, side and rear yard setbacks of project	Front Yard Setback	_____	_____
5. Scale of drawing, if applicable	Side Yard Setback	_____	_____
6. Location, length, width & height of structure(s)	Side Yard Setback	_____	_____
7. Existing easements on site, if known	Rear Yard Setback	_____	_____
8. Square footage of existing buildings & proposed project	% Total Lot Coverage	_____	_____

By signing, the applicant is consenting to the City's entry onto the property for inspection purposes. Any costs associated with engineering or site inspections of your project will be the applicant's responsibility, if incurred.

Applicant Signature _____ Date _____

OFFICE USE ONLY:	Parcel # _____	Zoning District _____	Easements _____
Approved _____	Denied _____	Zoning Inspector _____	Date _____

SAMPLE SITE PLAN FOR RESIDENTIAL ZONING APPLICATION

CITY OF ALLIANCE, OHIO

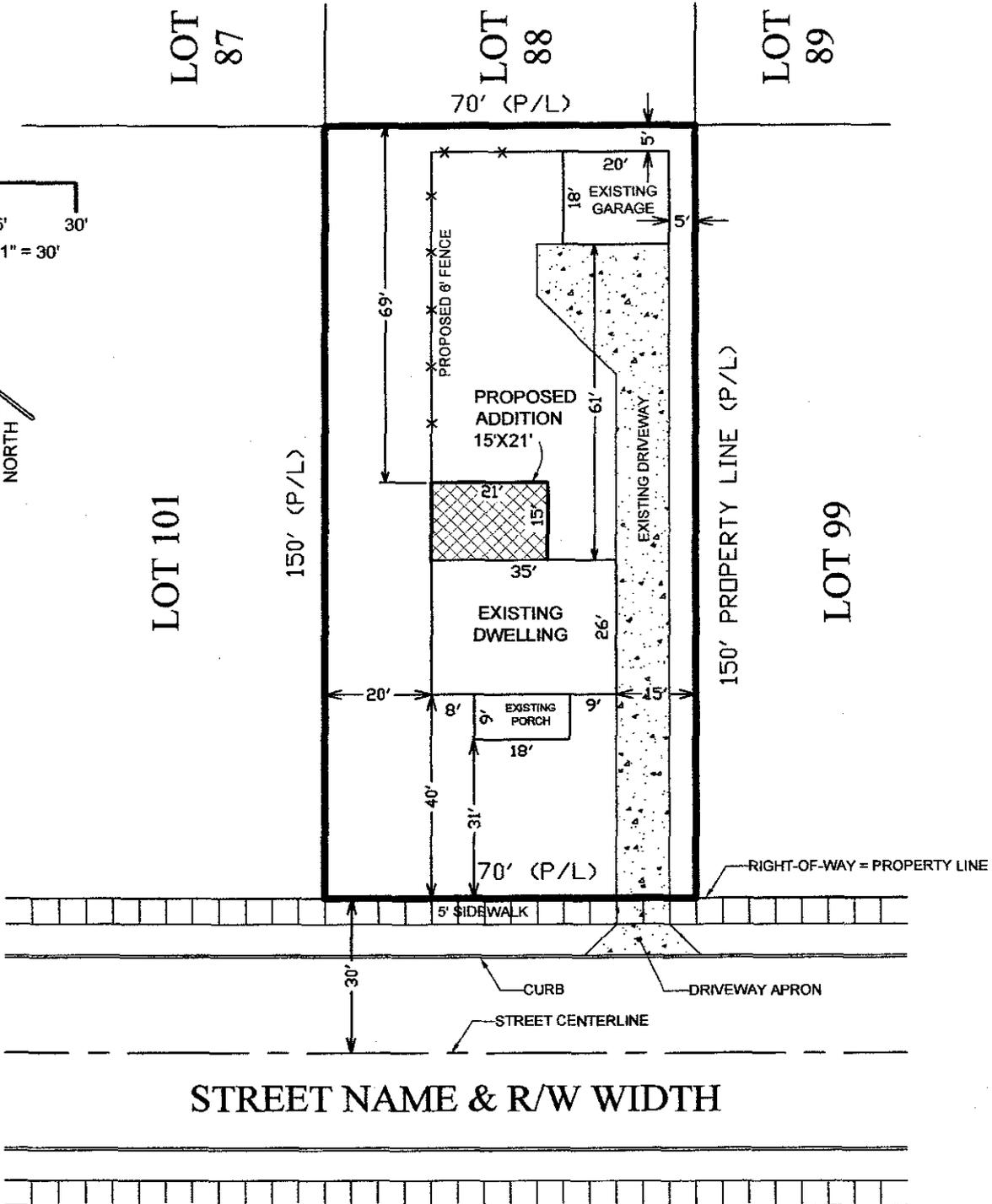
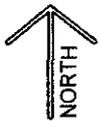
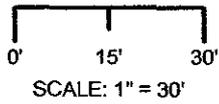
SITE ADDRESS

YOUR LOT #

YOUR CONTACT INFORMATION

PLANS CAN BE HAND DRAWN AS LONG AS THEY ARE DRAWN TO SCALE. IT MIGHT BE HELPFUL TO USE GRAPH PAPER. PLEASE PROVIDE DIMENSIONS OF PROPERTY BOUNDARY, ALL BUILDINGS, THE DISTANCES BETWEEN BUILDINGS, AND THE DISTANCE BETWEEN EACH BUILDING AND THE PROPERTY LINE.

NOTE:
ROOF OVERHANGS MUST BE INCLUDED WITH BUILDING SET BACKS.



STREET NAME & R/W WIDTH



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RESIDENTIAL PLAN REVIEW APPLICATION

DATE: _____ SITE ADDRESS: _____ JOB ESTIMATE: _____

Property Owner's Name: _____ Phone Number: _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person's Email _____

Designer/Contractor: _____ Phone Number: _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person's Email _____

PLEASE SEE THE ATTACHED REQUIREMENTS FOR SUBMITTALS

Type Of Plan Review	If Applicable:	Submittal Package to Include:
<input type="checkbox"/> New Residence (per unit)	1-2 or 3-Family Unit _____	1. Two sets of drawings (see attached requirements) 2. This completed form 3. If new home or addition, Energy Code Calculations (complete form) 4. If applicable, address request and sewer tap forms Note: For new homes, it is the owner/contractor's responsibility to contact the Water Billing Dept. for water tap fees/permits. (330) 823-3126
<input type="checkbox"/> Addition	Height (in feet) _____	
<input type="checkbox"/> Garage (200 sqft & Over)	Number of Stories _____	
<input type="checkbox"/> Deck/Porch	Basement Yes / No	
<input type="checkbox"/> Other _____	Gross square foot _____ (Of item for review, including garage, if attached)	
Comments:		

By signing, the applicant is consenting to the City's entry onto the property for inspection purposes. Any costs associated with engineering or site inspections of your project will be the applicant's responsibility, if incurred.

Applicant Signature _____ Date _____

OFFICE USE ONLY: Parcel # _____ Zoning District _____ Easements _____

Approved _____ Denied _____ Residential Building Official _____ Date _____



REQUIREMENTS FOR RESIDENTIAL PLAN SUBMITTALS

- **2 Complete Sets of Plans**
 - Standard 11"x17" or 24"x30" for new house or addition
 - Standard 8-1/2"x11" acceptable for accessory buildings, porches, decks, etc. provided they are legible
- **Plans shall be drawn to scale and of sufficient clarity to indicate nature and extent of proposed work**
- **Plans must conform to the City of Alliance's codes and ordinances and in accordance with the Residential Building Code of Ohio**
- **If substantial changes to the building are considered after plan approval, those changes must be submitted and approved prior to execution of work**
- **For proper review, all plans shall include the following:**
 - **Plot Plan:**
 - Builder, designer and owner's names with property address and parcel number
 - Dimensions of lot including a "North" arrow
 - Show all existing and proposed buildings on lot
 - Include locations and sizes of existing easements, driveways and sidewalks (if applicable)
 - Front, side and rear yard setbacks/elevations
 - Surface water drainage pattern
 - **Floor Plan:**
 - Include basement plans, if applicable
 - Include each level showing area, stairways, means of egress, door swings, windows and life safety protection (i.e. – smoke detectors and CO detectors)
 - Joists, beams, posts and studs including spans, sizes, spacing and species/grade of wood
 - Downspout and footer drain, including sump pump discharge locations
 - **Exterior Building Elevations**
 - **Cross/Wall Section And Detail Sections To Scale:**
 - Exterior walls with sizes including reinforcing, boarding, if required from footer through the roof coating. To include interior and exterior finishes
 - R-value of insulation and vapor barriers (Per RCO, an energy code compliance statement is required. See building packet for accepted methods)
 - Structural members, flooring/ceiling, roof rafters/trusses
 - Outside grade against walls (minimum and maximum)
 - **Foundation Plan:**
 - Footers, columns, beams, reinforcing, bonding, soils, design capacity, etc.
 - Lateral support for basement walls
 - Damp proofing or waterproofing method
 - Chimney foundations and other reinforcing
 - **Design Loads:**
 - Living areas – 30 PSF Live Load
 - Roof – 25 PSF Live Load
 - First Floor – 40 PSF Live Load
 - Snow Load – 20 PSF

- **Minimum Room Sizes:**
 - Each habitable room must be at least 70 square feet
 - Kitchen area must be at least 50 square feet
 - Each habitable room must be at least 7 feet wide
 - Minimum height of habitable room is 7 feet 6 inches
- **Window Area:**
 - Each habitable room to contain at least 8% of its floor area in windows
 - One window in each bedroom must be a minimum of 20 inches wide and 24 inches high and a clear opening of 5.7 square feet
- **Stairways and Hallways:**
 - Landings must be a minimum 3 feet x 3 feet
 - Stairway and halls must be a minimum 3 feet wide
- **Attics:**
 - Show access and venting
- **Roofing**
 - Requires felt and ice guard
- **Mechanical and Electrical:**
 - Give description of systems
 - Include locations of smoke detectors and CO detectors
- **Attached Garages:**
 - Must be separated by 1/2 inch gypsum and a solid wood door. Floor must be lower than the house floor and slope to the overhead door.



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ENERGY CODE COMPLIANCE – RESIDENTIAL CODE OF OHIO

Date: _____ Site Address: _____

Chapter 11 of the 2019 Residential Code of Ohio provides four different methods to demonstrate energy code compliance for One, Two and Three-Family Residential Dwellings.

Please Check the Applicable Design Method Below:

- Compliance with the Prescriptive Methods:**
 - International Energy Conservation Code (IECC) Table 402.1
 - Residential Code of Ohio (RCO) Table 1102.1.2
 - Ohio Home Builders Association (OHBA) Table 1102.1.2

- Compliance with the Trade-Off Method, Using REScheck Software**

- Compliance with the Simulated Performance Analysis Software**

- Compliance with the Energy Rating Index (ERI) Method**

Applicant Signature _____

Payment Checklist for New Construction

Site Address: _____

Square Footage of New Construction: _____

**Make sure Water Billing knows of any new construction requiring water or sewer taps.*

FEE TYPES	FEE	PAID	NOTES
CHECK #1:			
Zoning Application	\$ 50.00		
Plan Review Fee	\$ 85.85		
Building Permit	TBD		Based on square footage of home & garage
Electrical Permit	TBD		Based on square footage of home & garage
Temp or Perm Service Add?	Add		
Smoke Alarms?	Add		
Mechanical Permit	TBD		Based on square footage of home & garage
TOTAL CHECK #1:	\$ 135.85		
CHECK #2			
Address Request Fee	\$ 5.00		
Sewer Tap Fee	TBD		
Excavations Permit			
Storm	\$ 35.00		
Sewer	\$ 35.00		
Water	\$ 35.00		
Concrete Permit			
Sidewalk (\$30)	\$ 30.00		
Drive Apron (\$30)	\$ 30.00		
TOTAL CHECK #2:	\$ 170.00		

NOTE: The Water Tap Fee is determined through Water Billing. Please call them at (330) 823-3126.



The City of

Alliance,

OHIO, 44601-2415

ENGINEERING, BUILDING & ZONING

"The Carnation City"

504 EAST MAIN STREET

PHONE (330) 823-5122
eng.bld.zon@allianceoh.gov

BUILDING & MECHANICAL INSPECTIONS:

Mon-Fri 7:00 am - 2:30 pm CALL (330) 823-5122

ELECTRICAL INSPECTIONS:

Tues + Thurs Only Early Evening CALL (330) 823-5122

HOUSES, ADDITIONS & GARAGES:

- **Footer**
- **Foundation (Pre-Pour on Poured Walls) - Waterproofing**
- **Rough**
 - **Electrical** to be completed prior to building & mechanical
 - **Plumbing** - Please call Alliance Health Dept for this inspection at (330) 821-7373
 - **Framing & Mechanical** at the same time... After approval of electrical and plumbing
- **Insulation**
- **Finals**
 - **Electrical** to be completed prior to building & mechanical
 - **Plumbing** - Please call Alliance Health Dept for this inspection at (330) 821-7373
 - **Framing & Mechanical** at the same time... After approval of electrical and plumbing

ROOFING/SIDING:

- **Ice Guard/House Wrap**
- **Final**

DECKS:

- **Post Holes**
- **Framing** (Only if sides will be covered and/or inspector cannot look during final)
- **Final**

POLE BUILDINGS:

- **Post Holes**
- **Before pouring concrete, show uplift** on posts (can be nailed on and viewed at time of post hole inspection)
- **Rough & Final** - Can be done together if no electricity or insulation are being installed

ENGINEERING INSPECTIONS:

Mon-Fri 8:30 am - 3:30 pm CALL (330) 823-5122
24 HOUR NOTICE REQUESTED

*Note: Inspections continuing after 4:00 pm will result in an additional charge of \$60.00 per hour.

*Inspections are to be done before covering any repairs. If work is backfilled without an inspection, the contractor will be required to uncover the repair at the contractor's expense.

Below is the website address to access the *Standard Construction Drawings and General Notes*. Please feel free to call our office with any questions.

<http://cityofalliance.com/483/Standard-Construction-Drawings-and-Gener>

• SIDEWALKS AND DRIVE APRONS

• SEWER TAPS

• WATER, STORM, & SEWER LINE REPAIRS

• STREET CUTS & CURB CUTS



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Cost: \$5.00

Address Request Form

The following items are required to be shown on a drawing before an address is assigned. Please be sure printing on the site plan is large enough to be read:

- Show the lot lines with dimensions of the site.
- Label the lot or outlot number and parcel number of the site.
- Show the location of the existing/proposed structures on the site. Label which way is the front. (Especially helpful for corner lots.)
- Show all existing/proposed drives on the site.

Requested By: _____
Owner/Owner's Representative

Address: _____

Phone #: _____ **Email:** _____

Site Location: _____

Lot/Outlot # _____ **Parcel #** _____

WELCOME TO THE CITY OF ALLIANCE!

Thank you for your application. Don't forget to notify the United States Postal Service, all utility companies, the State Board of Elections, and 911 emergency services of your new address. The City of Alliance cannot make these notifications.

Assigned Address: _____
Alliance, Ohio 44601

Assigned By: _____ **Date:** _____



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Sanitary Sewer Connection Request

Thank you for choosing to use the services of the City of Alliance. By submitting this completed form the said owner/owner's representative is requesting to tap into the sewerage system of The City of Alliance. This fee is calculated according to The City of Alliance Wastewater Rules and Regulations. **Correctly complete all of the following information, check all appropriate boxes, and provide the applicable requested information needed to calculate the sanitary sewer fee.**

Requested By: _____ Date: _____

Owner/Owner's Representative

Address: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Front Footage of Site: _____ L.F.

(Total width of lot at the right of way)

Project/Homeowners Name: _____

Address of Site: _____ Parcel # _____

Is this property within the Corporation limits of the City of Alliance? _____ Job Estimate: _____

- | | | | |
|---|----------------------|--|----------------------|
| <input type="checkbox"/> Apartments, Condominiums
Total Number of Bedrooms | <input type="text"/> | <input type="checkbox"/> Nursing Homes Without Laundry Facilities
Total Number of Beds | <input type="text"/> |
| <input type="checkbox"/> Assembly Halls
Total Number of Seats | <input type="text"/> | <input type="checkbox"/> Nursing Homes With Laundry Facilities
Total Number of Beds | <input type="text"/> |
| <input type="checkbox"/> Barber or Beauty Shops
Total Number of Chairs | <input type="text"/> | <input type="checkbox"/> Offices, Small Stores, Administration Buildings
Total Structure Area in Square Feet | <input type="text"/> |
| <input type="checkbox"/> Bars or Taverns
Total Structure Area in Square Feet | <input type="text"/> | <input type="checkbox"/> Restaurants – Fast Food
Total Structure Area in Square Feet | <input type="text"/> |
| <input type="checkbox"/> Boarding House, Dormitory, Shelter
Total Number of Seats | <input type="text"/> | <input type="checkbox"/> Restaurants – Not 24 Hour
Total Number of seat | <input type="text"/> |
| <input type="checkbox"/> Bowling Alley
Total Number of Residents | <input type="text"/> | <input type="checkbox"/> Restaurants – 24 Hour
Total Structure Area in Square Feet | <input type="text"/> |
| <input type="checkbox"/> Car Washes
Total Number of Lanes | <input type="text"/> | <input type="checkbox"/> Restaurants – 24 Hour
Total Number of seats | <input type="text"/> |
| <input type="checkbox"/> Total Number of Stalls Manual | <input type="text"/> | <input type="checkbox"/> Schools, Day Care – Without Cafeteria, Gym, Showers
Total Number of Students and Staff | <input type="text"/> |
| <input type="checkbox"/> Total Number of Stalls Automatic | <input type="text"/> | <input type="checkbox"/> Schools, Day Care – With Cafeteria
Total Number of Students and Staff | <input type="text"/> |
| <input type="checkbox"/> Churches
Total Number of Seats | <input type="text"/> | <input type="checkbox"/> Schools, Day Care – With Cafeteria, Gym, Showers
Total Number of Students and Staff | <input type="text"/> |
| <input type="checkbox"/> Doctor/Dentist Office
Total Structure Area in Square Feet | <input type="text"/> | <input type="checkbox"/> Service Stations
Total Structure Area in Square Feet | <input type="text"/> |
| <input type="checkbox"/> Total Number of Employees: | <input type="text"/> | <input type="checkbox"/> Shopping Centers, Large Department Stores, Malls
Total Structure Area in Square Feet | <input type="text"/> |
| <input type="checkbox"/> Country Club, Fitness Center, Spa
Total Structure Area in Square Feet | <input type="text"/> | <input type="checkbox"/> Single Family Residence | |
| <input type="checkbox"/> Factories, Industries
Total Structure Area in Square Feet | <input type="text"/> | <input type="checkbox"/> Skating Rink
Total Structure Area in Square Feet | <input type="text"/> |
| <input type="checkbox"/> Largest Number of Employees/Shift | <input type="text"/> | <input type="checkbox"/> Stadiums
Total Number of Seats | <input type="text"/> |
| <input type="checkbox"/> Grocery Stores
Total Structure Area in Square Feet | <input type="text"/> | <input type="checkbox"/> Swimming Pools
Total Pool Area | <input type="text"/> |
| <input type="checkbox"/> Hospitals
Total Number of Beds | <input type="text"/> | <input type="checkbox"/> Theaters
Total Number of Seats | <input type="text"/> |
| <input type="checkbox"/> Hotels/Motels
Total Number of Units | <input type="text"/> | | |
| <input type="checkbox"/> Laundries
Total Number of Machines | <input type="text"/> | | |

I do hereby attest that all above information provided is accurate to the best of my knowledge.

Signature: _____

Sanitary Sewer Connection Request, Continued

Information you should know:

- 1.) Please note that this is only for the sanitary sewer tap fee. This does not include water tap fees. Please contact the Water Billing Department, at (330) 823-3126, for all water tap permits & costs.
- 2.) A permit must be obtained from the Engineering's office prior to any work being performed. This document is not a permit, but only the form used to calculate the fee for new customers. Contractors who begin non-emergency work without a permit are charged triple, by City regulations.
- 3.) At least 24 hours prior to making the tap, contractors must notify the *Engineering, Building & Zoning Department* at (330) 823-5122 to coordinate inspection.
- 4.) Inspection days and times shall be M-F 9:00 AM to 4:00 PM, excluding holidays. It is recommended that contractors give as much notice as possible to ensure our availability.
- 5.) The Inspection and Administration Fee is the cost for the City to process your request, look up sewer availability, issue a permit, and inspect the contractor's work. This helps ensure a quality product for the owner and provides a written record of the work for future reference.
- 6.) The Tap-in Fee is the cost for a customer to "buy-in" for the use of the City sewers, pump stations, and the wastewater treatment plant which have already been paid for by long standing customers. The standard amount is \$500 for a single family home. Commercial customer fees are pro-rated based on projected water usage, compared to that of a single family home. Estimates of how much more or less water usage commercial users will have are derived from EPA guidelines.
- 7.) Frontage Fees are assessments to be paid if the City or a private developer wishes to recover the cost for installing the sanitary sewer on your street, into which you are connecting. It may vary according to the cost of the sewer, with most customers paying nothing for this. The base amount is multiplied by the front footage of your lot at the road Right of Way line.
- 8.) If excavating in the Right of Way, a road opening permit (\$35) will be required. If excavating in the street itself, roadway repair fees will be incurred. This cost varies based on type of pavement that needs replaced.
- 9.) Out of town customers pay a 75% surcharge, to extend services beyond the City of Alliance borders.
- 10.) Homes in Washington Hill pay a surcharge of \$500, as agreed by Washington Twshp. and Alliance City.

For City of Alliance use:

Sanitary Sewer Connection Fee Calculation				
Description	Base Fee		Out of City Multiplier	Subtotal
Inspection and Administration Fee	\$100		X	\$
Pro-Rated Tap-in Fee	Base Fee	Usage Multiplier	Out of City Multiplier	Subtotal
Type of Use:				
Pro-Rated Fee Formula Used:	\$500	X	X	\$
Front Footage Assessment	Base Fee (\$/lf)	Front Footage (lf)	Out of City Multiplier	Subtotal
Lot Width at Street R/W:	\$	X	X	\$
Washington Hills Surcharge	Base Fee		Yes/No	Subtotal
	\$500			
Total Connection Fee			\$	

Thank you for using the services of the City of Alliance, Ohio. Please call the *Engineering, Building & Zoning Department* at (330) 823-5122 if you have any questions about your sanitary sewer connection.