

City of Cleveland
BUILDING PERMIT APPLICATION

Date Received: _____ Received By: _____ Permit # _____

-----**APPLICANT COMPLETE INFORMATION BELOW**-----

Project Address: _____ or PID # _____
Property Owner: _____ Phone _____
Address: _____ City: _____ Zip: _____
General Contractor: _____ License #: _____ Phone: _____
Plumbing Contractor: _____ License #: _____ Phone: _____
Mechanical Contractor: _____ Phone: _____

Nature of Project: Dwelling ___ Private Garage ___ Deck ___ Home Addition ___
Finish Basement ___ Three Season Porch ___ Business/Commercial ___ Fireplace ___
Siding ___ Furnace ___ Water Heater ___ Other _____
Description of Project: _____

_____ Dimensions: _____
Estimated Value: _____ Lot Size/Dimensions: _____

This permit becomes null and void if work or construction authorized is not completed within 180 days for all exterior work and 365 days for interior work.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Name [please print]: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____ Date: _____

-----**CITY USE ONLY**-----

Use and occupancy: _____ Type of Construction: _____

PLANNING: Zoning District: _____ Minimum Setbacks Required: Front _____
Side _____ Rear _____ Road Right of Way _____ Other: _____

Reviewed By: _____ Date: _____
Subject to the following conditions: _____

BUILDING: Reviewed By: _____ Date: _____
Subject to the following conditions: _____

-----**FEES**-----

Building Permit: _____	Plan Review: _____	State Surcharge: _____
Plumbing Permit: _____	Plan Review: _____	State Surcharge: _____
Mechanical Permit: _____	Plan Review: _____	State Surcharge: _____
Other: _____		
Sub Totals: _____	_____	_____

TOTAL DUE: _____

Date Issued: _____ Issued By: _____ Receipt # _____