

City of Cleveland
Building Permit Application

This form must be filled out completely in black or blue ink.
The permit will be faxed to the applicant after it has been issued.

Date: _____ Residential/Commercial: _____

Job Site Address: _____

Owner Name: _____

Owner Mailing Address: _____

Owner Phone Number: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone Number: _____ Contractor Fax Number: _____

Description of Work: _____

Total Construction Cost: _____ Signature of Applicant: _____

If paying by credit card complete the required information below.

Please Circle One: Visa Mastercard

Card # _____ Expiration Date: _____

Name as it Appears on Card: _____

Billing Address for Credit Card: _____

Office Use Only

Permit Number: _____

Permit Cost: _____

Plan Review Fee: _____

Total: _____ **Signature of City Employee:** _____