

City of Cleveland
Building Permit Application

This form must be filled out completely in black or blue ink.

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: _____

Office Use Only

Permit Number: _____

Permit Cost: _____

Plan Review Fee: _____

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