



# City of Cleveland Commercial Roofing Permit Application

**APPLICATION MUST BE COMPLETELY FILLED OUT USING BLACK OR BLUE INK**

Date: \_\_\_\_\_

**Job Site Address:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

Owner Name & Mailing Address: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Phone Number: \_\_\_\_\_ Contractor Fax No: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Total Construction Cost: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Office Use Only**

**Permit Number:** \_\_\_\_\_

**Permit Cost:** \_\_\_\_\_

**Pymt. Method:** \_\_\_\_\_

**Signature of City Employee:** \_\_\_\_\_