

City of Cleveland
Commercial Building-M Permit Application
This form must be filled out completely in black or blue ink.

Date: _____

Job Site Address: _____

Owner Name: _____

Owner Mailing Address: _____

Owner Phone Number: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone Number: _____ Contractor Fax Number: _____

Contractor E-mail: _____

Description of Work: _____

For Remodels/Additions - Use Total Job Valuation Cost: _____

For New Construction - Use Square Footage of Bldg. _____

Signature

<u>Office Use Only</u>	
Permit Number: _____	Pymt. Method: _____
Permit Cost: _____	City Employee: _____