

**City of Cleveland**  
**Residential Building Permit Application**  
*This form must be filled out completely in black or blue ink.*

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

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

**Job Valuation Cost:** \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

Contractor Phone Number: \_\_\_\_\_ Contractor Fax Number: \_\_\_\_\_

Contractor E-mail Address: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

**Office Use Only**

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

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

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

**Plan Review Fee:** \_\_\_\_\_

**Total:** \_\_\_\_\_

**City Employee:** \_\_\_\_\_