

City of Maple Heights Building Department
5353 Lee Road
Maple Heights, Ohio 44137-2574
Office: 216-663-4094 Fax: 216-587-9094

APPLICATION FOR PERMIT
(One for each Proposed Permit)

PLEASE CHECK ONE

Concrete Electrical Fence HVAC Roof

Asphalt Sign Plumbing Waterproofing

RESIDENTIAL or COMMERCIAL (check one)

Address where permit is to be issued for _____

Applicant _____

Property Owner's Name _____

Property Owner's Address _____

Property Owner's Phone Number _____

Name of Business _____

Business Owner's Name _____

Contractor's Name _____

Address _____ State _____ Zip _____ Phone # _____

Office # _____ Mobile # _____

Describe **in detail** work to be performed _____

APPROXIMATE ESTIMATE OF JOB \$ _____ **(THIS MUST BE FILLED IN)**

Agreement: This work has been authorized by the owner or record. In consideration of receiving a permit for work described above, the undersigned agrees to conform to the rules and Ordinances of the City of Maple Heights regulating such work. Failure to do so or obtain any required inspections, may result in court action, revocation of registration or other legal action.

Signature of Property Owner / Contractor

Date

PAYMENT IN FULL SHOULD NOT BE MADE WITHOUT A FINAL APPROVAL FROM
THE INSPECTION COMPANY