

Annette M Blackwell
Mayor



Roger Houpt
Building Official

5353 LEE ROAD MAPLE HEIGHTS, OHIO 44137-2574

OFFICE: 216-663-4095 FAX: 216-587-9094

APPLICATION FOR PERMIT

(ONE FOR EACH PROPOSED PERMIT)

PLEASE CHECK ONE			
___ RESIDENTIAL	___ COMMERCIAL		
Concrete ___	Electrical ___	HVAC ___	Roof ___
<u>GARAGE SALE</u>	Asphalt ___	Plumbing ___	Waterproofing ___

Address where permit is to be issued for _____

Applicant _____

Property Owner's Name _____

Property Owner's Address if other than where permit is issued:

Property Owner's Phone _____

Contractor's Name _____ Phone _____

Name of Business _____

Business Owner's Name _____

Address _____ State _____ Zip _____ Phone _____

Describe in detail work to be performed _____

Approximate Cost of Job \$ _____ (THIS MUST BE FILLED IN)

Agreement: This work has been authorized by the Owner on 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 FOR WORK PERFORMED WITHOUT A FINAL APPROVAL FROM THE INSPECTION COMPANY