

BUILDING PERMIT APPLICATION- COMMERCIAL Building Department

(check one)
Demolition HVAC Concrete/Asphalt
Electrical Plumbing Stripping
Roofing Resurfacing
Square feet:
Property & Applicant(s) Information
Address Where Permit is to be Issued:
I am the: Property Owner Contractor
Property Owner's Name:
Property Owner's Address:
Property Owner's Phone Number: E-Mail:
Contractor's Name:
Name of Business:
Address: State: Zip:
Phone Number (Mobile): (Office):
E-Mail:
Project Information
Project Cost (including labor and materials): Project Size (in square feet): Please provide a brief description of the work below (scope, location, dimensions):
Acknowledgement & Signature
Acknowledgement & Signature By signing below, I acknowledge that the work described above has been authorized by the owner of record of the property. In consideration of receiving a permit for the work described above, the undersigned agrees to conform to the rules and Ordinances of the City of Maple Heights regulating such work. Failure to conform to the rules and Ordinances of the City of Maple Heights regulating such work or to obtain any required inspection(s) may result in court action, revocation of the permit and/or contractor registration, or other legal action. Anyone falsifying information on this application is guilty of falsification per Cod. Ord. Sec. 606.10(a)(5), a first-degree misdemeanor, punishable by a fine up to \$1,000 and a jail term up to 180 days.
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(216) 663-4094 <u>www.citymapleheights.com</u>