



# The City of Garfield Heights

## Building Department

<b>Property Information</b>		<b>Type of Permit Requested</b>
Address of Project _____		<input type="radio"/> Building <input type="radio"/> Concrete <input type="radio"/> Electrical
PP Number _____		<input type="radio"/> HVAC <input type="radio"/> Plumbing <input type="radio"/> Sewer
S/L Number _____		<input type="radio"/> Other _____
<b>Applicant/Contractor</b>		
Print _____		
Name _____		
Address _____		
Phone Number _____		
Email Address _____		
<b>Property Owner</b>		
Name _____		
Address _____		
Phone Number _____		
Email Address _____		
<b>Contractor</b>		
Name of Contractor _____		
Registration Number _____		
Expires _____		
<b>Type of Permit Requested</b>		
<input type="radio"/> Building <input type="radio"/> Concrete <input type="radio"/> Electrical		
<input type="radio"/> HVAC <input type="radio"/> Plumbing <input type="radio"/> Sewer		
<input type="radio"/> Other _____		
<b>General Information</b>		
Lot Size _____		
Estimated Value of Const. _____		
Description of Project _____		
Fixtures # _____		
Outlets # _____		
Linear Ft. _____		
Square Ft. _____		
Note: Attach required drawing on separate sheet		

THIS PROPOSED PROJECT COMPLIES WITH ALL DEED RESTRICTIONS: \_\_\_\_\_ YES

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Approved

Denied

Building Commissioner \_\_\_\_\_

Date \_\_\_\_\_

Permit Number \_\_\_\_\_

Application Number \_\_\_\_\_

Receipt Number \_\_\_\_\_

Correction Notice: \_\_\_\_\_