

City of Garfield Heights
5407 Turney Road
Garfield Heights, Ohio 44125
Ph: 216-475-3835 Fax: 216-475-6081

Department of Taxation
Questionnaire regarding all Building Permits

Company Name: _____

Address: _____ Phone: _____

City, State, Zip: _____

Federal ID # or Social Security # _____

Location of building site

Valuation of building or job

Please list complete name and address of all sub-contractors that will be used on the job, and identification number or social security number:

Carpenter: _____ Address: _____ S.S.#: _____

Heating: _____ Address: _____ S.S.#: _____

Plumbing: _____ Address: _____ S.S.#: _____

Masonry: _____ Address: _____ S.S.#: _____

Electrical: _____ Address: _____ S.S.#: _____

Dry Wall: _____ Address: _____ S.S.#: _____

Painting: _____ Address: _____ S.S.#: _____

Floors: _____ Address: _____ S.S.#: _____

Concrete: _____ Address: _____ S.S.#: _____

Roofing: _____ Address: _____ S.S.#: _____

Miscellaneous: _____ Address: _____ S.S.#: _____

(Use additional page if necessary)

I hereby submit general estimate of labor cost
performed on the working site: \$ _____

City tax that can be expected from withholding: \$ _____
(estimate only at 2% of gross)

City tax that can be expected from net profits: \$ _____
(estimate only)

Date: _____ Signature/Title: _____