

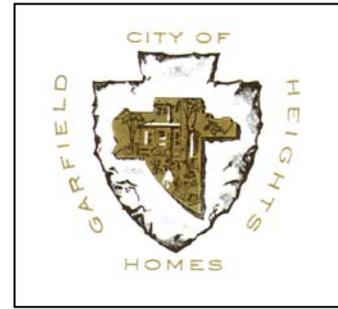
# City of Garfield Heights

5407 Turney Rd.

Garfield Heights, Ohio 44125

Voice (216) 475-3835 Fax (216) 475-6081

## Permit Application



### Applicant

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Work Location

Address \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Aluminum or Vinyl Siding

Valuation of job \$ \_\_\_\_\_

Residential Roofing

Commercial Flat Roof

Concrete Replacement

Asphalt Paving

Square Footage of Paving \_\_\_\_\_

Waterproofing

Retaining Wall: Valuation \$ \_\_\_\_\_

Swimming Pool Valuation of job \$ \_\_\_\_\_

Windows Valuation of job \$ \_\_\_\_\_

Description of work to be done  
\_\_\_\_\_  
\_\_\_\_\_

**No asphalt aprons or public sidewalks are permitted.  
Call for inspections before placing paving material or backfilling.  
Call for inspection when roof decking is ready to cover.**

Building Official Signature:  
\_\_\_\_\_

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner or the duly authorized agent of the owner. I agree to comply with City and State laws regulating construction. I agree that this installation is subject to the inspection and approval of the Building Inspector and that I will call for all required inspections.

Sign of Applicant: \_\_\_\_\_