

# City of Garfield Hts. Building Department



5407 Turney Rd.  
 Garfield Hts., Ohio 44125  
 216-475-3835  
 Fax: 216-475-6081

## Application for residential miscellaneous permit.

Property Information	Type of Permit Requested
Address of Project _____	<input type="checkbox"/> Building <input type="checkbox"/> Concrete <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Sewer <input type="checkbox"/> Other _____
PP Number _____	
S/L Number _____	
Applicant/Contractor	General Information
Print Name _____	Lot Size _____
Address _____	Estimated Value of Const. _____
Phone Number _____	Description of Project _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Email Address _____	
Property Owner	
Name _____	
Address _____	
Phone Number _____	
Email Address _____	
Contractor	
Name of Contractor _____	
Registration Number _____	
Expires _____	
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 \_\_\_\_\_