



THE CITY OF MAYFIELD HEIGHTS - BUILDING DEPARTMENT

6154 Mayfield Road, Mayfield Heights, OH 44124

Phone: 440-442-2626 ~ Fax: 440-442-7662

RESIDENTIAL BUILDING PERMIT APPLICATION

To the Director of Building: Application is hereby submitted for a permit to erect or alter a structure as described in this application and the accompanying drawings, which are a part of this application. The acceptance of the permit herein applied for shall constitute an agreement on the part of the undersigned to comply with all ordinances of the City, laws of the State and any special requirements, relating to the work to be done hereunder. Said agreement is a condition of said permit.

JOB ADDRESS:	
PROPERTY OWNER:	
STREET ADDRESS (if different than job)	
CITY, STATE, ZIP	PHONE:

NEW HOUSE PERMIT FEE: \$100 + \$5 per 100 sq. ft. or fraction (plus 1% state surcharge total permit cost)					
ADDITION/ENCLOSURE - ATTACHED GARAGE new/addition - PORCH WITH ROOF PERMIT FEE: \$25.25					
<input type="checkbox"/> New Structure	<input type="checkbox"/> Addition/Enclosure	<input type="checkbox"/> Dormer	<input type="checkbox"/> Attached Garage New/Addition	<input type="checkbox"/> Porch w/roof	
Size of Lot: X	Size of Structure: X	Square Feet:			
Stories:			Building Height:		
Setbacks: front:	side:	side:	rear:		

ALTERATIONS	\$25.25
Give a detailed description of the work to be performed: _____ _____	

ROOFS – SIDING – DECKS (rear of house)	\$25.25
Give a detailed description of the work to be performed: _____ _____	

ESTIMATED COST OF CONSTRUCTION:	\$
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CONTRACTOR:
NAME _____ FIRM _____
ADDRESS _____
CITY, STATE, ZIP _____ PHONE _____

It is hereby specifically agreed that the undersigned will notify the Building Department when ready for necessary inspections.

* **Homeowners** obtaining their own permit must fill out a homeowner's affidavit.

Signature: _____ **Date:** _____

DATE ISSUED:	BLDG PERMIT NO:
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