THIS AREA IS FOR OFFICE USE ONLY	CITY OF STRONGSVILLE	THIS AREA IS FOR OFFICE USE ONLY
	BUILDING INSPECTION DEPARTME	ENIT
		Project ID #·
	16099 Foltz Parkway, Strongsville, Ohio	14149
	APPLICATION FOR PERMIT	Fee:
	This form is available at www.strongsvill	<u>e.org</u>
	or call 440-580-3105	Deposit:
1		
Today's Date: /	1	PPN#
2 Property Owner Informati	<mark>on:</mark>	
Name		
		BZA Approval
Address		Date
City	State Zip	HOA Letter Mailed
Phone	Fax	Plans Examiner
Email		Pool / Spa Affidavit
3 Project Address in Strongs	ville:	
☐ Same As Above		
Name		
Address		
City	State Zip	
Phone ()	Subdivision:	
4 Contractor Information:	JE CITY &	TOPO ☐ Yes ☐ No
☐ Same As Above		
Name	TABLISH	
Address	6/2 // U.S. SA	
City	State	Zip
Phone (
Email	823/	
Strongsville Registration #	State of Ohio Cont	ractor Registration #
	State of one cont	added Registration in
occion rejecti y		
6 Description Of The Work C	overed Under This Permit:	
		07-1/-0-1/-
	00	
7 R	esidential Project Area	Commercial Project Area
Basement	Sq Ft Shed Sq Ft	Number of Stories
Living	Carlot Bardi Carlot	
Garage	Sq Ft Porch Sq Ft	
Other	Sq Ft Patio Sq Ft	
Lot Size:	4 ST 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8 Number of Detached		Existing Attached Garage: Yes No
Accessory Structures On P	<mark>roperty:</mark>	
l,	(Print Name)	, As the a owner, a contractor, a other do
hereby make application for a p	ermit to remodel, upgrade, or erect a dwelling, b	uilding, structure or mechanical device on part of
such property, interior or exteri	or, as described in this application and upon appr	roval agree to construct, erect or install in
		acceptance of this permit, herein applied for, shall
	part to abide by all the codes, ordinances and reg	
	vork listed herein, and I further agree to correct a	
c. c. goc, per tag to tile ti		
Email of applicant		
Phone # of applicant Signature of Applicant:		
Signature of ApplicantSignature of Applicant		
	THIS AREA IS FOR OFFICE USE ONLY	
		Date: / / 20
		Date / / 20