

FOR INTERNAL USE ONLY:
LICENSE NUMBER _____
DATE ISSUED _____

CITY OF STRONGSVILLE
BUILDING INSPECTION DEPARTMENT
16099 Foltz Parkway, Strongsville, Ohio 44149
APPLICATION FOR REGISTRATION

This form is available at www.strongsville.org or call us at 440-580-3105.

PLEASE PRINT:

I _____ do hereby make application for a license to operate as a

Homeowner DIY Contractor within the corporation limits of Strongsville, Ohio.

MAILING ADDRESS: _____ **CITY:** _____ **State:** _____

EMAIL ADDRESS _____

PHONE # (____) _____ **FAX #** (____) _____

I do hereby certify that I will abide by the provisions of the Strongsville Codified Ordinances, that I am fully aware of the requirements of the same particularly the Zoning, Building, Fire and Maintenance Codes of the City. I further certify that I am fully aware of and have reviewed the provisions of the Strongsville Codified Ordinances dealing with requirements of obtaining building permits. I further understand that any misrepresentation of data or facts or violation of the Ordinances of the City of Strongsville are cause for refusal, suspension or revocation of this license if issued.

THIS APPLICATION MUST BE RETURNED WITH A COPY OF DRIVER'S LICENSE OR STATE ID OF THE PERSON SIGNING BELOW.

SIGNATURE OF HOMEOWNER DIY CONTRACTOR

BUILDING COMMISSIONER

DRIVER'S LICENSE OR STATE ID **STATE:** _____ (ATTACH COPY OF ID OF OFFICER OR PRINCIPAL)

DRIVER'S LICENSE OR STATE ID **NUMBER:** _____ (ATTACH COPY OF ID OF OFFICER OR PRINCIPAL)