	THIS AREA IS FOR OFFICE USE ONLY CITY OF S		ILLE	THIS AREA IS FOR OFFICE USE O	THIS AREA IS FOR OFFICE USE ONLY	
		BUILDING INSPECTION DE		Project II) #*		
		16099 Foltz Parkway, Strongsvill		4149		
		APPLICATION FOR PE		Fee:		
		This form is available at www.st		e.org		
		or call 440-580-310	15	Deposit:		
1						
	Today's Date: /	1		PPN#		
<mark>2</mark>	Property Owner Inform	<mark>nation:</mark>				
	Name			<u>_</u>		
	A al alma a a			BZA Approval		
	Address	Chaba	7:	Date		
	•	State	_ Zip	HOA Letter Mailed		
		Fax		Plans Examiner		
	Email			Pool / Spa Affidavit		
<mark>3</mark>	Project Address in Stro	ongsville:				
	☐ Same As Above					
	Name Address					
	City	State	Zip			
	Phone (Subdivision:				
4	Contractor Information			TOPO □ Yes □] No	
	☐ Same As Above					
	Name	TABLISA				
	Address	E/ // 4,5	CV			
	City	State		Zip		
	Phone ()8//	Fax#	-		
	Email					
	Strongsville Registratio	n# State of Ol	nio Contr	ractor Registration #		
5	Cost of Project: \$					
6		ork Covered Under This Permit:				
_						
			-	. / 6 / 8		
			7			
			18			
7		Residential Project Area	4.	Commercial Project Area		
	Basement	Sq Ft Shed	Sq Ft	Number of Stories		
	Living	Sq Ft Deck	Sq Ft	Area per floor	Sq Ft	
	Garage	Sq Ft Porch	Sq Ft	Total	Sq Ft	
	Other	Sq Ft Patio	Sq Ft	Other	Sq Ft	
	Lot Size:				•	
8	Number of Detached			Existing Attached Garage: Yes	No 🗆	
	Accessory Structures C	On Property:				
l, _				, As the \square owner, \square contractor do hereby		
		emodel, upgrade, or erect a dwelling, buildin			operty,	
	·	ribed in this application and upon approval ag				
		nich are part of this application. The acceptan				
_		oide by all the codes, ordinances and regulation			le,	
per	taining to the work listed	d herein, and I further agree to correct any an	d all viola	ations of such laws.		
Em	ail of applicant					
D.		<u>~</u>	C A	-U		
Pho	Phone # of applicant Signature of Applicant:					
		THIS AREA IS FOR OFFICE US	E ONLY			
		THIS AREA IS FOR OFFICE US	E ONLY	Date: / /	20	