



585 EAST 222<sup>ND</sup> STREET, EUCLID, OHIO 44123-2099

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### COMMERCIAL GENERAL BUILDING PERMIT

PROJECT ADDRESS: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER PHONE: \_\_\_\_\_ USE GROUP \_\_\_\_\_ **All fields in this box must be completed.**

CONTRACTOR CO. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FLOOR \_\_\_\_\_ SUITE \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

**NATURE OF PROJECT** (Check all that apply)

NEW       ADDITION       ALTERATION       DEMOLITION       FOUNDATION

OTHER \_\_\_\_\_

**SIZE OF WORK AREA:** LENGTH \_\_\_\_\_ X WIDTH \_\_\_\_\_ = TOTAL FLOOR AREA: \_\_\_\_\_

**TOTAL CONSTRUCTION COST:** \_\_\_\_\_

**DESCRIPTION OF WORK:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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<b>CONTACT INFORMATION</b>	<u>NAME</u>	<u>EMAIL</u>	<u>PHONE</u>
<b>ARCH/ENGINEER</b>	_____	_____	_____

I hereby certify all information contained in this application is true, accurate and complete to the best of my knowledge. This application shall be considered in agreement on the part of the applicant or his agents to comply with the Building and Zoning codes of the City of Euclid and the State of Ohio. I further agree to comply with all required inspections related to this permitted work.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Email

\_\_\_\_\_  
Applicant Phone