



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

www.cityofeuclid.com

**RESIDENTIAL GENERAL BUILDING PERMIT**

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

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

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

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

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

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

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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

12/2021

Building and Housing Department: [buildingandhousing@cityofeuclid.com](mailto:buildingandhousing@cityofeuclid.com)

Commercial Permits (216) 289-2700 x3907    Residential Permits (216) 289-2700 x3904



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

[www.cityofeuclid.com](http://www.cityofeuclid.com)

This is a fast track site plan provided for your convenience. It may be used only for accessory structures such as fences, sheds and garages. Separate scaled drawings are also accepted.

Scale: One box equals \_\_\_\_\_ feet. Please provide directional arrows and label street rights-of-way.
