



RESIDENTIAL STREET OPENING PERMIT
Permit Fee: \$100.00 and Deposit Fee: \$500.00

PROJECT ADDRESS: _____
PROPERTY OWNER: _____ PHONE: _____
PROPERTY OWNER ADDRESS: _____ STATE _____ ZIP _____
EMAIL: _____ <i>All fields in this box must be completed.</i>

CONTRACTOR CO. NAME: _____
ADDRESS: _____
CONTACT PHONE: _____ CONTACT EMAIL: _____

NATURE OF PROJECT (Circle 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 Streets, Utilities, and Public Services 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	

Below Section to be completed by City of Euclid officials.

Approved by: _____
(Name) (Title)

Date Issued: _____ Amounts Paid: _____
(Permit valid one year from the issued date)



This is a fast track site plan provided for your convenience.
Separate scaled drawings are also accepted.

Scale: One box equal _____ feet. Please provide directional arrows and label street rights-of-way.
