

CITY OF STREETSBORO BUILDING PERMIT APPLICATION

9184 ST RT 43
Streetsboro, OH 44241

Building Dept: (330) 626-6069

FAX: (330) 626-6067

Project Address _____

S/L

Property Owner's Name _____

Property Owner's Address _____

(if different than project address) Street City State Zip

Property Owner's Phone # (_____) _____ Fax # (_____) _____

Contractor Name _____ Contact _____

Address _____

Street City State Zip

Contractor's Phone # (_____) _____ Fax # (_____) _____

Drawings Author _____ Contact _____

Address _____

Street City State Zip

Drawings Author Phone # (_____) _____ Fax # (_____) _____

GENERAL PROJECT INFORMATION:

ESTIMATED COST \$ _____

(Do not include land in total)

Single Family Apartments # of units _____ Condominiums # of units _____ Agricultural Commercial

PROJECT TYPE

New Construction Remodel Addition Alteration Change of Use
 Garage Accessory Building (over 220 sq. ft.)
 Other

Describe project _____

AUTHORIZATION

The undersigned states that he/she is the owner of the property or authorized agent for the owner of the project address.

II. This permit, when issued, is subject to the observance of all ordinances of the City of Streetsboro and the laws of the State of Ohio, and is subject to revocation if these are not observed.

Printed Name _____

Signature of Contractor or Owner _____

Date _____