

**CITY OF STREETSBORO
COMMERCIAL BUILDING DEPARTMENT**

9184 State Route 43
Streetsboro, OH 44241
(330) 626-6069 • Fax: (330) 626-6067

Date Received: _____

OWNERS NAME _____

NAME OF FIRM _____

ADDRESS _____ CITY : _____ ZIP _____

TELEPHONE NUMBER _____ FAX _____

.....

PLANS PREPARED BY _____

ADDRESS _____ CITY : _____ ZIP _____

TELEPHONE NUMBER _____ FAX _____

.....

NATURE OF PROJECT: NEW ADDITION ALTERATION

PROJECT NAME _____

PROJECT ADDRESS _____ CITY _____ ZIP _____

DESCRIPTION OF PROJECT _____

ESTIMATED CONSTRUCTION COST \$ _____ **(Do not include land)**

SQUARE FOOTAGE OF PROJECT

BASEMENT _____
1ST FLOOR _____
2ND FLOOR _____
3RD FLOOR _____
GARAGE _____
TOTAL _____

CONCRETE _____ SQ. FT.
FOR PRIVATE, PUBLIC SIDEWALKS, APRONS, DRIVES
ASPHALT _____ SQ. FT.

CONTRACTOR NAME _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBER _____ FAX _____

