

# 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 \_\_\_\_\_