



APPLICATION FOR ELECTRICAL PERMIT

Permit No. _____

BUILDING WORK HOURS
7:00 A.M. TO 6:00 P.M. MONDAY THRU SATURDAY –
NO WORK ON SUNDAYS AND HOLIDAYS (RDHC-1503.14)

Date Issued: _____

E- _____

DIRECTIONS:

Please supply information in Section 1 and check off boxes in Section 2 which describes your work.

SECTION 1 – GENERAL INFORMATION

PLEASE PRINT OR TYPE

Estimated Cost

of Project \$ _____

Address of construction _____

Owner's name _____ Phone _____

Owner's address _____

Contractor _____ Business Phone _____

Home Phone _____

Contractor's address _____

(Street)

(City)

(State)

(Zip)

Contractor's Federal Identification (FIN) _____ OR Social Security Number _____

Contractor's License Number _____

SECTION 2 – DESCRIPTION OF PROPERTY AND PROJECT

Type of structure

- ☐ Single family
☐ Two family
☐ Three family
☐ Apartment
☐ Commercial
☐ Other (describe)

Type of Installation

- ☐ Light Fixture _____
☐ Receptacle Outlet _____
☐ High Intensity Lights _____
☐ Panel - MAIN _____
☐ Panel - SUB _____
☐ Service Upgrade _____
☐ Service Replacement _____
☐ Meter Base _____
☐ Exhaust Fan _____
☐ Baseboard Heater _____
☐ Range _____
☐ Air Conditioner _____

#of
Units

☐ Emergency Light _____

☐ Motors _____

☐ Generator _____

☐ Signs _____

☐ Electric Furnace _____

☐ Temporary Lighting _____

☐ Hot-Tub/Spa _____

☐ Water Heater _____

☐ Smoke Detectors _____

☐ Other _____

#of
Units

Type of work

- ☐ New structure
☐ Addition
☐ Alteration
☐ Repair
☐ Replacement
☐ Other (describe)

TO THE BUILDING COMMISSIONER: This application is submitted for a permit to erect, add to, alter or repair a structure as described in this application and any drawings which accompany it. The acceptance of the permit shall be considered an agreement on the part of the applicant or his agents to comply with the Building and Zoning codes of the City of Cleveland Heights, or other orders, requirements or specifications stated in the permit.

In signing this application, the contractor or owner's agent certifies that the work is authorized by the owner or record.

Applicant's Signature _____

Print Name _____

Date _____

Applicant is ☐ Owner

☐ Contractor

☐ Owner's agent

DO NOT WRITE BELOW THIS LINE

SECTION 3 – ADDITIONAL REQUIREMENTS (to be filled out by staff)

Reference Building Permit Number _____

SECTION 4 – APPROVAL AND FEES

Application for a building permit is approved (as noted)

For

Amount

By _____

Building Official

Fees _____

Notes: _____ TOTAL _____

City of Cleveland Heights
Building Department
40 Severance Circle
Cleveland Heights, Ohio 44118
(216)291-4900

BUILDING DEPARTMENT