

# CLEVELAND HEIGHTS

## 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

#of  
Units

#of  
Units

- Light Fixture \_\_\_\_\_  Emergency Light \_\_\_\_\_
- Receptacle Outlet \_\_\_\_\_  Motors \_\_\_\_\_
- High Intensity Lights \_\_\_\_\_  Generator \_\_\_\_\_
- Panel - MAIN \_\_\_\_\_  Signs \_\_\_\_\_
- Panel - SUB \_\_\_\_\_  Electric Furnace \_\_\_\_\_
- Service Upgrade \_\_\_\_\_  Temporary Lighting \_\_\_\_\_
- Service Replacement \_\_\_\_\_  Hot-Tub/Spa \_\_\_\_\_
- Meter Base \_\_\_\_\_  Water Heater \_\_\_\_\_
- Exhaust Fan \_\_\_\_\_  Smoke Detectors \_\_\_\_\_
- Baseboard Heater \_\_\_\_\_  Other \_\_\_\_\_
- Range \_\_\_\_\_
- Air Conditioner \_\_\_\_\_

#### 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
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Fees \_\_\_\_\_

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

Notes: \_\_\_\_\_ TOTAL \_\_\_\_\_