



APPLICATION FOR MECHANICAL PERMIT

BUILDING WORK HOURS

7:00 A.M. TO 6:00 P.M. MONDAY THRU SATURDAY-
NO WORK ON SUNDAYS AND HOLIDAYS (1301,1303)

Permit No.

Date Issued:

M- _____

DIRECTIONS:

- 1.) Please supply the information requested in Section 1.
- 2.) Check those boxes in Section 2 which best describe the work for which this permit is being obtained.
- 3.) If you have any questions regarding this application or building codes, please ask building department staff for assistance.

SECTION 1 — GENERAL INFORMATION

PLEASE PRINT OR TYPE

Date _____

Estimated Cost
of Project \$ _____

Address of construction _____

Owner's name _____ Phone _____

Owner's address _____

Contractor _____ Business Phone _____

Home Phone _____

Contractor's address _____ Zip _____

Contractor's License Number _____

SECTION 2 — DESCRIPTION OF PROPERTY AND PROJECT

Type of structure	Type of installation	# of Units	Type of installation	# of Units	Venting Information	# of Units
<input type="checkbox"/> Single family	<input type="checkbox"/> Furnace	_____	<input type="checkbox"/> Roof Top Unit	_____	<input type="checkbox"/> Existing Chimney	_____
<input type="checkbox"/> Two family	<input type="checkbox"/> Duct Work _____ ft.	_____	<input type="checkbox"/> Replacement	_____	<input type="checkbox"/> Inside	_____
<input type="checkbox"/> Three family	<input type="checkbox"/> Hot Water Boiler	_____	<input type="checkbox"/> New*	_____	<input type="checkbox"/> Outside	_____
<input type="checkbox"/> Apartment	<input type="checkbox"/> Steam Boiler	_____	*(PLANS REQUIRED)	_____	Type-B Metalbestos	_____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Air Conditioner*	_____	<input type="checkbox"/> Exhaust Fan	_____	<input type="checkbox"/> Type-A Metalbestos	_____
<input type="checkbox"/> Other (describe) _____	*(SITE PLAN REQUIRED)	_____	<input type="checkbox"/> Hood Fan	_____	<input type="checkbox"/> Reline Chimney	_____
Type of work	<input type="checkbox"/> Air Handler	_____	<input type="checkbox"/> Refrigeration	_____	<input type="checkbox"/> Direct Vent	_____
<input type="checkbox"/> New structure	<input type="checkbox"/> Thru the Wall Heater	_____	<input type="checkbox"/> Cooling Tower	_____	Specifications	_____
<input type="checkbox"/> Addition	<input type="checkbox"/> Unit Heater	_____	<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Make _____	_____
<input type="checkbox"/> Alteration	<input type="checkbox"/> Gas Logs	_____			<input type="checkbox"/> BTU Input _____	_____
<input type="checkbox"/> Repair	<input type="checkbox"/> Wood Burning Unit	_____			<input type="checkbox"/> Tonnage _____	_____
<input type="checkbox"/> Demolition						
<input type="checkbox"/> Replacement						
<input type="checkbox"/> Other (describe) _____						

* For A/C condensing units; site plan showing unit location(s), distance to property lines, etc., must be submitted on a separate sheet.

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

For

Amount

Fees _____

TOTAL

NOTES: _____

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