



THE CITY OF MAYFIELD HEIGHTS - BUILDING DEPARTMENT

6154 Mayfield Road, Mayfield Heights, OH 44124

Phone: 440-442-2107 ~ Fax: 440-442-7662

RESIDENTIAL BUILDING PERMIT/PLAN REVIEW APPLICATION

JOB ADDRESS:	
PROPERTY OWNER:	
STREET ADDRESS (if different than job)	
CITY, STATE, ZIP	PHONE:

➤ NEW CONSTRUCTION – ADDITION - ALTERATIONS			
<u>PERMIT FEES:</u>			
NEW STRUCTURES: \$100.00, plus \$5.00 per 100 sq. ft. or fraction thereof (+ 1% State assessment)			
ADDITION (room addition/attached garage): \$25.25			
ALTERATIONS: \$25.25			
New Structure	Patio Enclosure	Attached Garage	Exterior Alteration
Room Addition	Dormer Addition	Front Porch	Interior Alteration
Floor Area - GROSS sq. ft. of area being built/alterd:			Gross Sq. Ft.
Describe briefly the nature of the work being done:			
Estimated Cost of Construction: \$			

➤ ROOF - \$25.25		➤ SIDING - \$25.25		➤ DECK - \$25.25	
Overlay	House	Tear Off/Replace	Size: _____ X _____		
Tear Off/Replace	Garage	Garage	Square Feet: _____		
Ice Guard		House			
Estimated Cost:		Estimated Cost:		Estimated Cost:	
Additional Information:					

CONTRACTOR:

Homeowner obtaining permit. * **Must submit a homeowner's affidavit.**

COMPANY: _____ NAME: _____

ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

EMAIL of applicant _____

Application is hereby submitted for a permit to erect or alter a structure as described in this application and the accompanying drawings, which are a part of this application. The acceptance of the permit herein applied for shall constitute an agreement on the part of the undersigned to comply with all ordinances of the City, laws of the State and any special requirements, relating to the work to be done hereunder. Said agreement is a condition of said permit.

Signature: _____ **Date:** _____

DATE ISSUED:	BLDG PERMIT NO:
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