

Building application

DATE _____

RECEIPT # _____

APPLICATION # _____

VALUATION \$ _____

PERMIT FEES _____

3% STATE \$ _____

TOTAL \$ _____

Contractor _____

**CITY OF LORAIN – DIVISION OF BUILDINGS
APPLICATION FOR BUILDING PERMIT**

Owner: _____ Phone # _____

Address Site of Work _____

PLEASE CHECK – RESIDENTIAL PROPERTY _____ COMMERCIAL PROPERTY _____

Description of Work -

AS PER C.A.B.O. AND CITY CODES

I CERTIFY THAT I AM THE OWNER OF THE ABOVE PROPERTY, THAT THE ABOVE STATEMENTS ARE TRUE AND THAT THE WORK WILL BE PERFORMED ONLY BY MYSELF, PER ORD. 118-96, SECTION III - 1.

Owner

I CERTIFY THAT I AM AUTHORIZED BY THE OWNER OF THE ABOVE PROPERTY TO OBTAIN THE DESCRIBED PERMIT; THAT THE ABOVE STATEMENTS ARE TRUE AND THAT THE WORK WILL BE PERFORMED BY CONTRACTOR (S) WHO IS/ARE REGISTERED WITH THE CITY OF LORAIN BUILDING DEPARTMENT.

Authorized Representative