DATE _____

PERMIT FEE _____

TOTAL $ _____

☐ CASH ☐ CHECK #_____

PERMIT # _____

OFFICE USE ONLY

CITY OF LORAIN
ENGINEERING DEPARTMENT
APRON/SIDEWALK
PERMIT APPLICATION

Contractor :_____ Owner: _____

WE MUST HAVE THE FOLLOWING INFORMATION BEFORE A PERMIT CAN BE ISSUED. NO MORE THAN 10 PERMITS PER CHECK.

FOR OFFICE USE ONLY

	$35.00	$35.00		Permit No.
ADDRESS	APRON	SIDEWALK	TOTAL	
Ex: 1234 MAIN ST	X	X	70.00	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Grand Total				

AS PER PROVISIONS OF CHAPTER 903 OR 905 OF LORAIN CODIFIED ORDINANCES AND STATE OF OHIO DEPT. OF TRANSPORTATION, CONSTRUCTION AND MATERIAL SPECIFICATIONS.

Signature of Liable Party:_____ **Phone No.**_____

All Inspections must be scheduled 24 hours in advance Call 440-204-2003