



Sheffield Village Building Department
4480 Colorado Avenue - Sheffield Village, Ohio 44054
(440) 949-6209 Office (440) 949-5371 Fax

Date: _____

PERMIT APPROVED FOR:

Receipt #: _____

Full Building Permit

Cash: _____ Check: _____ Credit Card: _____

Partial Permit

APPLICATION FOR COMMERCIAL PERMIT

Addition* Alteration* Other - specify _____

*2 full sets of construction drawings and 1 PDF copy required for additions / alterations

Total Square Feet for: Addition _____ Alteration _____ Other _____

Job Site Address: _____ Permanent Parcel Number: _____

Sub Lot # _____ Subdivision Name: _____

CONTRACTOR	PROPERTY OWNER
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Phone: _____	Phone: _____
Total Estimated Cost: _____	
I hereby agree to the conditions of this Application for Commercial Building Permit and to comply with ALL Codified Ordinances of Sheffield Village, and the law of the State of Ohio, relating to work done thereunder.	
_____	_____
PROPERTY OWNER OR AGENT	Date

The above **Application for Commercial Building Permit** has been reviewed by the Building Official and was:

Approved Approved with conditions Denied Other

Building Official

Date