CITY OF EASTLAKE BUILDING DEPARTMENT 35150 LAKESHORE BLVD., EASTLAKE, OHIO 44095 Ph. No. 440-951-2200 Ext 1004

Email: <u>buildingdept@eastlakeohio.com</u> FAX: 440-975-4280

RESIDENTIAL

DATE:	PERMIT FEE: <u>\$65.40</u>	CONTRACTOR FEE: \$140.40
JOB LOCATION:		
CONTRACTOR INFORMATION	PROPERTY O	WNER INFORMATION
NAME:	NAME:	
ADDRESS:	ADDRESS:	
CITY:	CITY:	
STATE, ZIP CODE:	STATE, ZIP CO	ODE:
PHONE NO:	PHONE NO: _	
EMAIL:	EMAIL:	
ESTIMATED PROJECT VALUE: \$		
NOTICE:		

ALL DOORS OR WINDOWS MUST MEET THE CURRENT RCO.

PAGE 2 REPLACEMENT WINDOW/DOOR PERMIT

Please indicate which areas will have windows/doors replaced:				
Living Room:	Den:	Kitchen:	Bedroom:	
Bathroom:	Family Room:	Attic:	_	
Garage: Access	sory Structure:			
Front Door:Side D	oor:	Patio:	Rear Door:	

IMPORTANT NOTICE TO ALL HOMEOWNERS				
IF YOU OBTAIN THIS PERMIT ON THE BEHALF OF A CONTRACTOR YOU ARE LIABLE FOR ALL WORK INCLUDING ANY VIOLATIONS OR UNFINISHED WORK. ADDITIONALLY, CONTRACTORS MUST BE CURRENTLY REGISTERED WITH THE CITY OF EASTLAKE.				
SIGNATURE OF OWNER/CONTRACTOR			DATE	