

CITY OF EASTLAKE
BUILDING DEPARTMENT
35150 LAKESHORE BLVD., EASTLAKE, OHIO 44095
Ph. No. 440-951-2200 Ext 1004
Email: buildingdept@eastlakeohio.com
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REPLACEMENT WINDOW/DOOR PERMIT
RESIDENTIAL

DATE: _____

PERMIT FEE: \$140.40

JOB LOCATION: _____

CONTRACTOR INFORMATION

PROPERTY OWNER INFORMATION

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE, ZIP CODE: _____

STATE, ZIP CODE: _____

PHONE NO: _____

PHONE NO: _____

EMAIL: _____

EMAIL: _____

ESTIMATED PROJECT VALUE: \$ _____

NOTICE:

ALL DOORS OR WINDOWS MUST MEET THE CURRENT RCO.

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REPLACEMENT WINDOW/DOOR PERMIT

Please indicate which areas will have windows/doors replaced:

Living Room: _____ Den: _____ Kitchen: _____ Bedroom: _____

Bathroom: _____ Family Room: _____ Attic: _____

Garage: _____ Accessory Structure: _____

Front Door: _____ Side Door: _____ 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