CITY OF LYNDHURST BUILDING DEPARTMENT

INSPECTORS
Larry Puskas
Joe Mandato

BUILDING COMMISSIONER
Thomas P. Kunz
5301 Mayfield Road, Lyndhurst, Ohio 44124
440-473-5108/Fax:440-442-7189

SECRETARY
Sheila Manfredi

APPLICATION FOR PERMIT TO INSTALL AND/OR REPLACE CONCRETE OR ASPHALT

OWNER'S NAME _____

LOCATION OF WORK: _____

CONTRACTOR: _____

ADDRESS: _____

CITY: _____

CONTRACTOR'S PHONE: _____

I/WE ARE REQUESTING A PERMIT FOR THE FOLLOWING WORK. PLEASE INDICATE ALL THAT MAY APPLY:

NEW OR REPLACEMENT CONCRETE OR ASPHALT DRIVEWAY:	___	FEE	$20.00
NEW OR REPLACEMENT CONCRETE DRIVEWAY APRON:	___	FEE	$15.00
WIDENING OF DRIVE OR APRON (RESIDENTIAL)	___	FEE	$10.00
REPLACE OR REPAIR CATCH BASIN	___	FEE	$5.00 EACH (Inspection required)
RESURFACING RESIDENTIAL ASPHALT DRIVEWAY:	___	FEE	$15.00
GARAGE BASE:	___	FEE	$20.00
NEW COMMERCIAL DRIVEWAY:	___	FEE	$30.00
NEW COMMERCIAL APRON:	___	FEE	$20.00
PARKING LOT-per 50 spaces or fraction thereof	___	FEE	$50.00

NOTE: UNLESS OTHERWISE APPROVED, ALL APRONS MUST BE WHOLLY OF CONCRETE AND ALL CONCRETE FOR ABOVE WORK FOR WHICH A PERMIT IS ISSUED, IS TO BE A MINIMUM SIX AND ONE HALF, (6-1/2) SACK MIX.

TWENTY-FOUR (24) HOUR NOTICE IS REQUIRED PRIOR TO REPLACEMENT OF CONCRETE TO SCHEDULE AN INSPECTION

By signing as the applicant I am acknowledging that I am authorized to pull this permit for the Company listed above. (Homeowner affidavit must be signed/witnessed at the Building Department if homeowner is doing work listed above. Affidavit must be attached to this application.)

_____ _____

Signature of Applicant Address of Applicant Date

_____ _____

Printed Name of Applicant Phone Number