



Application for Permit and Inspection: Division of Streets

City of Chardon
111 Water Street, Chardon OH 44024
Phone: (440) 286-2654 Fax: (440) 286-5541

Permit No.: _____

Job Location: _____ **Parcel No.:** _____ **Date:** _____

Application/Permit for: Driveway Parking Lots Loading Area
 Sidewalks Public/Private Street Work Storm Sewer: Size _____
Paving Material: Asphalt Concrete
Existing Material: _____ **Additional Base Material:** _____
Please Check All That Apply: New Installation Replacement Repair/Alteration Change of Grade Boring
 Extension Street Opening Other: _____ Date of Work: _____

Property Owner's Name: _____ Signature: _____

Address: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Contractor's Name: _____ Signature: _____

Federal Tax ID No. or Social Security No.: _____

Company: _____ Address: _____

Daytime Phone: _____ Mobile Phone: _____ Email: _____

Street Work Permit Fee: \$150.00

Storm Sewer Work Permit Fee: \$110.00

Residential Driveway Permit Fee: \$50

Driveway/Parking Lot/Loading Area Permit Fee: \$100.00

Total Fees: _____

Permit Fees are to be paid at the time of application submittal.

City Staff to fill out this portion only.

Pursuant to the Codified Ordinances Sections 900, 901, 905, 920, 929, 1155 and the Municipal Specifications of the City of Chardon, a Permit is hereby issued to the above named applicant, subject to final inspection.

Insurance Certificate Filed: Yes No N/A Date: _____ Bond Filed: Yes No N/A Date: _____

Permit Issued By: _____
Director of Public Service Date

Two (2) business days prior to the start of work, please contact the City of Chardon Street Superintendent, at 440-286-2656 to schedule an inspection.

Form Inspection: Approved Denied Date: _____ Re Inspection: Approved Denied Date: _____

Pour Inspection: Approved Denied Date: _____ Pour Inspection: Approved Denied Date: _____

Final Inspection: Approved Denied Date: _____ Final Inspection: Approved Denied Date: _____

Asphalt Inspection: Approved Denied Date: _____ Asphalt Inspection: Approved Denied Date: _____

Inspected By: _____ Date: _____

**CITY OF CHARDON
111 WATER STREET
CHARDON OH 44024
CLOSEOUT SHEET**

Date: _____

Please email closeout sheets to: braikes@chardon.cc
Any questions call: 440-286-2696

City of Chardon Permit No: _____ Project Name & Address: _____

GENERAL CONTRACTOR

Company Name: _____ Phone No: _____

Address: _____

Print Name: _____ Signature: _____

Federal ID Number or Social Security Number

Total Number of Days Working

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

SUB CONTRACTOR

Demolition

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Excavation

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Masonry

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Framing

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Roofing

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Siding

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Carpentry

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Insulation

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Electrical

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Sheet Metal

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Plumbing

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Heating / Air Conditioning

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Refrigeration

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Drywall

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Painting

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Landscaping

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Others

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)

Company Name: _____ Phone No: _____

Address: _____

Federal ID Number or Social Security Number

Total Calendar Days Worked

WILL YOU BE WITHHOLDING RESIDENCE TAX?	
YES	NO

Contract Amount (Dollar Amount)