



**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  Apron  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: \_\_\_\_\_

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

Storm Sewer Work Permit Fee: \$110.00

Residential Driveway Permit Fee: \$50

Engineering Plan Review Fee: \$500.00

Street Work Permit Fee: \$150.00

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

**Total Fees:** \_\_\_\_\_

***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 Dept. 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: \_\_\_\_\_



**Finance Department Form**  
**City of Chardon**  
 111 Water St. Chardon, Ohio 44024  
 Phone: (440) 286-2696 Fax: (440) 279-0903

Permit #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Address: \_\_\_\_\_ Chardon, Oh 44024

Permanent Parcel No. \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot# \_\_\_\_\_

Contractor Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email: \_\_\_\_\_ Estimated Construction Cost: \_\_\_\_\_

Federal Tax ID No. / Social Security No: \_\_\_\_\_ Days on Job \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICATION FOR:**

**PLANNING & ZONING DEPARTMENT:**

- |   |  |
|---|--|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Commercial Construction / Addition<br>Name of Business: _____ |
| <input type="checkbox"/> Two Family Dwelling    | <input type="checkbox"/> Industrial Construction / Addition<br>Name of Business: _____ |
| <input type="checkbox"/> Residential Addition   | <input type="checkbox"/> Occupancy<br>Name of Business: _____                          |
| <input type="checkbox"/> Deck/Patio             | <input type="checkbox"/> Permanent Sign (wall/ground/projecting)                       |
| <input type="checkbox"/> Shed                   | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Pool                   |  |
| <input type="checkbox"/> Fence                  |  |
| <input type="checkbox"/> Garage                 |  |

**PUBLIC SERVICE DEPARTMENT:**

- |  |  |
|--|--|
| <input type="checkbox"/> Demolition Notification | <input type="checkbox"/> Division of Water and Waste Water Work Permit |
| <input type="checkbox"/> Driveway/Parking Lot    | <input type="checkbox"/> Street Work Permit                            |
| <input type="checkbox"/> Sidewalk                | <input type="checkbox"/> Storm Sewer Work Permit                       |

**You have been issued a municipal permit to perform work in the City of Chardon. The project is subject to Municipal Tax Regulations. A Closeout Sheet is required to be submitted and approved by the City of Chardon's Finance Department prior to any Certificates of Occupancy being issued by the City of Chardon.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please email Closeout Sheets to: [braikes@chardon.cc](mailto:braikes@chardon.cc)

Date: \_\_\_\_\_

For questions call: 440-286-2696

Fax: 440-279-0903

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	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**SUB CONTRACTOR(S)**

**Demolition**

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or- Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**Excavation**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer ( < \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**Masonry**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer ( < \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**Framing**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer ( < \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**Roofing**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer ( < \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**Siding**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**Carpentry**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**Insulation**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**Electrical**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**Sheet Metal**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer ( < \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**Plumbing**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer ( < \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**Heating / Air Conditioning**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer ( < \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**Refrigeration**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer ( < \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes _____ or No _____	Yes _____ or No _____	Yes__ or No__			

**Drywall**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

**Painting**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

**Landscaping**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

**Others:**

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			

Company Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number - or Social Security Number	Small Business Employer (< \$500k Gross Receipts)	Do you have a permanent place of business w/in City of Chardon limits?	Do you have employees?	Total Number of Days Working on Job	Year to Date Days Worked in City	Contract Amount (Dollar Amount)
	Yes ____ or No ____	Yes ____ or No ____	Yes__ or No__			