



**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)
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Company Name: \_\_\_\_\_

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

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

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	Yes or No	Yes or No	Yes or No			