

CITY OF STREETSBORO

9184 ST RT 43
Streetsboro, OH 44241

Building Dept.: (330) 626-6069

FAX: (234) 284-8330

ELECTRICAL PERMIT APPLICATION (INCLUDING LOW VOLTAGE)

PROJECT ADDRESS _____
Street S/L City State Zip

Property Owner Information: Name _____

Address _____
Street S/L City State Zip

Phone # (____) _____ Email _____

Contractor Information: Name _____ Contact _____

Address _____
Street City State Zip

Phone # (____) _____ Email _____

GENERAL PROJECT INFORMATION

Estimated Project Cost \$ _____

Single Family Apartment Commercial
 Low Voltage wiring _____ # of openings (phone, cable, data, alarm)

Project Type:

New Construction Remodel Addition Alteration Service Change A.C. Circuit Swimming Pool

Detailed scope of work: _____

AUTHORIZATION

1. The undersigned states that he/she is the owner of the property or authorized agent for the owner of the project address.
2. This permit, when issued, is subject to the observance of all ordinances of the City of Streetsboro and the laws of the State of Ohio, and is subject to revocation if these are not observed.

Signature of Contractor or Owner

Printed Name
Date

If you would like your complete permit mailed, please include a self-addressed, stamped envelope.