

SNOWPLOW OPERATOR'S/
LANDSCAPING PERMIT NO.

- OFFICE USE ONLY -



City of Cleveland Heights
Building Department
40 Severance Circle
Cleveland Heights, OH 44118

APPLICATION FOR
SNOWPLOW/LANDSCAPING PERMIT

DIRECTIONS: Supply the information requested below. Incomplete applications will be returned to applicants. Please make checks payable to the City of Cleveland Heights. *Individuals wishing to have their permit mailed to them must enclosed a self-addressed, stamped envelope.*

CHECK THE PERMIT(S) YOU ARE APPLYING FOR:
(\$50.00 FEE FOR ONE BUSINESS OR \$75.00 FEE FOR COMBINATION BUSINESS.)

SNOWPLOW BUSINESS **LANDSCAPING BUSINESS** **COMBINATION BUSINESS**

(TYPE OR PRINT THE FOLLOWING INFORMATION:

NAME OF OPERATOR/OWNER _____

HOME ADDRESS OF OWNER _____

(CITY)

(STATE)

(ZIP)

NAME OF COMPANY (if applicable) _____

ADDRESS OF COMPANY _____

(CITY)

(STATE)

(ZIP)

BUSINESS TELEPHONE _____ HOME TELEPHONE _____

SOCIAL SECURITY # _____ FEDERAL ID # _____

VEHICLE INFORMATION: VEHICLE LICENSE # _____

MAKE OF VEHICLE USED _____ VEHICLE MODEL _____

VEHICLE SERIAL NUMBER _____

BOND EXPIRATION DATE _____ INSURANCE EXPIRATION DATE _____

LIST NAME, ADDRESS AND TELEPHONE NUMBER OF ANY ADDITIONAL OWNERS ON NEXT PAGE. ALSO, LIST MAKE, MODEL AND SERIAL NUMBER OF ADDITIONAL VEHICLES.

BY SIGNING, APPLICANT HAS ACKNOWLEDGED RECEIPT OF ORDINANCE.

APPLICANT'S SIGNATURE X _____

PRINT NAME X _____ DATE _____

LICENSE#

NAME

APPLICATION FOR SNOWPLOW OPERATOR'S PERMIT

LIST ADDITIONAL OWNERS AND THEIR VEHICLES:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

MAKE OF VEHICLE/EQUIPMENT USED _____

MODEL _____ LICENSE# _____

SERIAL NUMBER _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

MAKE OF VEHICLE/EQUIPMENT USED _____

MODEL _____ LICENSE# _____

SERIAL NUMBER _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

MAKE OF VEHICLE/EQUIPMENT USED _____

MODEL _____ LICENSE# _____

SERIAL NUMBER _____

(Use additional paper if necessary.)