

**For Office Use Only**

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

Check # \_\_\_\_\_

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

**City of Cleveland**  
**Division of Air Quality**  
75 Erieview Plaza - 2nd Floor  
Cleveland, OH 44114 - 1839  
216 420-8047 fax/216 664-2301 office

**SANDBLASTING/BUILDING CLEANING APPLICATION**

In accordance with Section 277.11, Sandblasting and/or Building Cleaning, of the City of Cleveland Air Pollution Code, I hereby make application for a permit for the following reason (check one):

\_\_\_\_\_ Sandblasting

\_\_\_Wet

\_\_\_Dry

\_\_\_\_\_ Building Cleaning

---

---

**Applicant Information:**

Applicant's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

---

---

Name and location of structure to be sandblasted or cleaned:

\_\_\_\_\_

Date(s) of work: \_\_\_\_\_

Time(s) of work: \_\_\_\_\_

Method of operation: \_\_\_\_\_

Method of emission control to be used:

\_\_\_\_\_

Provisions for complete cleanup: \_\_\_\_\_

Name of person who will be assigned full time supervisory authority for all aspects of the operation:

\_\_\_\_\_

\_\_\_\_\_  
Signature of responsible individual

Note: The permit fee (\$50.00) is based on the cost bases set forth in chapter 263 of the Code. Please make checks payable to the **Treasurer, City of Cleveland** and include with your application.