

**For Office Use Only**

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

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

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

**City of Cleveland  
Division of Air Quality**

1925 St. Clair Avenue  
Cleveland, OH 44114  
216 420-8047 fax/216 664-4607 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

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**Applicant Information:**

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

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

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

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

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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.