



City of Cleveland
 Department of Community Development
 Land Reutilization Program
 Frank G. Jackson, Mayor
 601 Lakeside Avenue
 Cleveland, Ohio 44114-1070
 216.664.4126 Main / 216.420.8042 Fax

**Construction Staging & Geo-technical Contracting
 Request Form (License)**

Required Information:

Request Date _____

Business Name (Subcontractor) _____

Contact Person _____

Mailing Address _____

Phone Number(s) _____

Email Address _____

Contracting Entity (City Department) _____

(Return a copy of contract w/ Request for License on or before the start date)

Project Name & Address _____

Parcel Number(s) _____

Describe Land Use _____

Dates of Use _____ to _____

Liability Insurance Provider Name _____
 Copy of \$1M Comprehensive General Liability policy (minimum) w/
 City of Cleveland listed as additional insured is required. PPN's to be
 ID'd in "Description of Operation..."

(Return a copy Ins. Cert. w/ Request for License on or before the start date)

Applicant/Authorized Signatory

Printed Name

Signature & Date

For Office Use Only:

Tracking System APP ID #	_____
Fee	_____
Assigned Staff/Date	_____

(Non-Commercial Use \$1 / yr.; Commercial Use \$200/parcel)