

# APPLICATION FOR PLUMBING PERMIT



## City of Middleburg Heights

### Division of Building

15700 BAGLEY ROAD, MIDDLEBURG HEIGHTS, OHIO 44130

Phone (440) 234-2218 • Fax (440) 234-9092

E-mail: [building@middleburgheights.com](mailto:building@middleburgheights.com)



DATE: \_\_\_\_\_

TO THE BUILDING COMMISSIONER:

Application is hereby made for permit to do plumbing work as described in detail herein at the location given. Said work will be done in full compliance with all ordinances and rules and regulations of the building and zoning codes of Middleburg Heights pertaining thereto. We agree to notify the Division of Building to inspect all roughed in plumbing before covering, all equipment before occupancy.

PROJECT ADDRESS \_\_\_\_\_ TENANT NAME \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PROPERTY OWNER ADDRESS (If Different from Above) \_\_\_\_\_

JOB CONSTRUCTION COST: \$ \_\_\_\_\_

RESIDENTIAL      COMMERCIAL      NEW INSTALLATION      REPLACEMENT      REPAIR

FIXTURE	QUANTITY	FIXTURE	QUANTITY
Hot Water Tank		Garbage Disposable	
Bath Tub		Bar Sink	
Shower Stall		Slop Sink	
Kitchen Sink		Fountains	
Wash Stand		Urinals	
Laundry Tray		Dental Chair	
Dishwasher		Dental Cuspidor	
Other		Other	

PIPING:      GAS      SANITARY SEWER      STORM SEWER      DRAINTILE

LINEAR FEET \_\_\_\_\_ PIPE SIZE \_\_\_\_\_

*NOTE: BEFORE ANY JOB IS STARTED, ALL CONTRACTORS MUST BE REGISTERED AND A PERMIT MUST BE APPROVED AND ISSUED. ANY JOB STARTED BEFORE APPROVAL AND ISSUANCE OF A PERMIT SHALL BE SUBJECT TO A PENALTY.*

CONTRACTOR \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

CONTRACTOR ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELL \_\_\_\_\_

AUTHORIZED SIGNATURE OF APPLICANT \_\_\_\_\_

APPROVAL:

\_\_\_\_\_  
BUILDING COMMISSIONER

\_\_\_\_\_  
DATE