

**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: \_\_\_\_\_

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 (If Commercial)** \_\_\_\_\_

**Property Owner Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Property Owner Address:** (If Different from Above) \_\_\_\_\_

**Check All That Apply:**     Commercial     Residential     Repair     New Installation

Hot Water Tank     Bathtub Replacement     Shower Stall Replacement

Gas Piping     Sanitary Sewer     Storm Sewer     Drain Tile

Linear Feet: \_\_\_\_\_

Size of Pipe: \_\_\_\_\_

**Briefly describe work if not listed above:** \_\_\_\_\_

\_\_\_\_\_

**ESTIMATED COST OF WORK: \$** \_\_\_\_\_

*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:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

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

**APPROVAL:**

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

\_\_\_\_\_  
DATE