

PLUMBING PLAN APPROVAL APPLICATION



CITY OF MIDDLEBURG HEIGHTS BUILDING DEPARTMENT

15700 Bagley Road
Middleburg Heights, OH 44130
Phone (440) 234-2218

Website: middleburgheights.com E-mail: building@middleburgheights.com



PROJECT LOCATION:

Street Address _____ Unit/Suite/Building # _____ Tenant/Company Name _____ Phone Number _____

BUILDING OWNER INFORMATION:

Owner Name _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____ E-mail _____

CHECK ALL THAT APPLY: (Commercial Residential) (Replacement New Installation)

Hot Water Tank Bathtub Replacement Shower Stall Replacement Drain Tile

Gas Piping Sanitary Sewer Storm Sewer Backflow Preventor

Linear Feet: _____ Size of Pipe: _____

NUMBER OF FIXTURES: _____

JOB VALUATION: _____

DESCRIPTION OF PROJECT/EXTENT OF WORK: _____

APPLICANT INFORMATION: (OWNER OR OWNER'S AUTHORIZED AGENT – IF AGENT, PLEASE SUBMIT WRITTEN AUTHORIZATION)

Applicant/Company Name _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____ E-mail _____

CERTIFICATION:

I certify that I am: Owner Owner's Authorized Agent

I certify that all information contained in this application is true, accurate, and complete to the best of my knowledge. My signature shall constitute an agreement on my part to abide by all Codes, Ordinances, and regulations of the State of Ohio and City of Middleburg Heights pertaining to this request. I further agree to pay all required fees and required review fees that may result from this application.

Signature _____ Printed Name _____ Date _____

----- **FOR CITY USE ONLY** -----

DATE RECEIVED: WALK IN MAIL IN **PROCESSED BY:** _____

APPROVED: _____

Building Commissioner

DATE: _____