

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



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) _____

___ 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 ___ DRAIN TILE

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