CLEVELAND HEIGHTS

APPLICATION FOR PLUMBING/SEWER PERMIT

BUILDING WORK HOURS
7:00 A.M. TO 6:00 P.M. MONDAY THRU SATURDAY–
NO WORK ON SUNDAYS AND HOLIDAYS (1301, 1303 CHC)

Permit No. P- _____

Date Issued: _____

DIRECTIONS:
1.) Please supply the information requested in Section 1.
2.) Check those boxes in Section 2 which best describe the work for which this permit is being obtained.
3.) If you have any questions regarding this application or building codes, please ask building department staff for assistance.

SECTION 1 — GENERAL INFORMATION

PLEASE PRINT OR TYPE

Date _____
Estimated Cost of Project $ _____

Address of construction _____
Owner's name _____ Phone _____
Owner's address _____
Contractor _____ Business Phone _____
Home Phone _____
Contractor's address _____ Zip _____
Contractor's License Number _____

SECTION 2 — DESCRIPTION OF PROPERTY AND PROJECT

Type of structure
- ☐ Single family
- ☐ Two family
- ☐ Three family
- ☐ Apartment
- ☐ Commercial
- ☐ Other (describe) _____

Type of work
- ☐ New structure
- ☐ Addition
- ☐ Alteration
- ☐ Repair
- ☐ Demolition
- ☐ Replacement
- ☐ Other (describe) _____

Type of installation	# of Units		# of Units		# of Units
☐ Interior Water Lines, type _____		☐ Stand Pipe	____	☐ Gas Piping	____
☐ Water Closet	____	☐ Floor Drain	____	☐ Backflow Preventor	____
☐ Urinal	____	☐ Air Admitance Valve	____	☐ Stack Repair	____
☐ Bathtub	____	☐ Water Heater	____	☐ Drain Tile Repair	____
☐ Shower	____	☐ Sump Pump	____	☐ Main Water Service Line	
☐ Lavatory Sink	____	☐ Sewage Ejector	____	New_____Repair_____	
☐ Kitchen Sink	____	☐ Hot Tub/Spa	____	☐ Sewer Repair	
☐ Sink, type _____	____	☐ Drinking Fountain	____	Sanitary_____Storm_____	
_____	____	☐ Interceptor	____	☐ New Sewer Connection To Main	
☐ Dishwasher	____	☐ Grease Trap	____	Sanitary_____Storm_____	
☐ Disposal	____	☐ Catch Basin	____	☐ Other _____	____
☐ Laundry Tray	____	☐ Roof Drain	____		

In signing this application, the contractor or owner's agent certifies that the work is authorized by the owner of record.

_____ Applicant's Signature _____ Print Name _____ Date

Applicant is ☐ Owner ☐ Contractor ☐ Owner's agent

DO NOT WRITE BELOW THIS LINE

SECTION 3 — ADDITIONAL REQUIREMENTS (to be filled out by staff)

Reference Building Permit Number _____

SECTION 4 — APPROVAL AND FEES

Application for a building permit is approved

For	Amount
Fees _____	
_____	
TOTAL	_____

_____ By Building Official

NOTES: _____

City of Cleveland Heights
Building Department
40 Severance Circle
Cleveland Heights, Ohio 44118
(216) 291-4900

BUILDING DEPARTMENT