

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. _____

Date Issued: _____

P- _____

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	Type of installation	# of Units	# of Units	# of Units
<input type="checkbox"/> Single family	<input type="checkbox"/> Interior Water Lines, type _____	_____	<input type="checkbox"/> Stand Pipe	_____
<input type="checkbox"/> Two family	<input type="checkbox"/> Water Closet	_____	<input type="checkbox"/> Floor Drain	_____
<input type="checkbox"/> Three family	<input type="checkbox"/> Urinal	_____	<input type="checkbox"/> Air Admittance Valve	_____
<input type="checkbox"/> Apartment	<input type="checkbox"/> Bathtub	_____	<input type="checkbox"/> Water Heater	_____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Shower	_____	<input type="checkbox"/> Sump Pump	_____
<input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Lavatory Sink	_____	<input type="checkbox"/> Sewage Ejector	_____
	<input type="checkbox"/> Kitchen Sink	_____	<input type="checkbox"/> Hot Tub/Spa	_____
	<input type="checkbox"/> Sink, type _____	_____	<input type="checkbox"/> Drinking Fountain	_____
			<input type="checkbox"/> Interceptor	_____
Type of work	<input type="checkbox"/> Dishwasher	_____	<input type="checkbox"/> Grease Trap	_____
<input type="checkbox"/> New structure	<input type="checkbox"/> Disposal	_____	<input type="checkbox"/> Catch Basin	_____
<input type="checkbox"/> Addition	<input type="checkbox"/> Laundry Tray	_____	<input type="checkbox"/> Roof Drain	_____
<input type="checkbox"/> Alteration				
<input type="checkbox"/> Repair				
<input type="checkbox"/> Demolition				
<input type="checkbox"/> Replacement				
<input type="checkbox"/> Other (describe) _____				
			<input type="checkbox"/> Gas Piping	_____
			<input type="checkbox"/> Backflow Preventor	_____
			<input type="checkbox"/> Stack Repair	_____
			<input type="checkbox"/> Main Water Service Line	_____
			New _____ Repair _____	
			<input type="checkbox"/> Sewer Repair	_____
			Sanitary _____ Storm _____	
			<input type="checkbox"/> New Sewer Connection To Main	_____
			Sanitary _____ Storm _____	
			<input type="checkbox"/> Other _____	_____

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 _____

NOTES: _____

By _____ Building Official

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