



SHAKER HEIGHTS

PLUMBING PERMIT APPLICATION

Permit #: _____ Permit Fee: _____ Estimated Cost: _____ Date: _____

Project Address: _____

Property Owner Name: _____

Property Owner Address (if different): _____ Phone No: _____

City: _____ State: _____ Zip: _____

Contractor Information:

Contractor Name: _____

Contractor Address: _____ Phone No: _____

Type of Work: (check one) New Construction _____ Remodel _____

Item	Qty.	Item	Qty.	Item	Qty.	Item	Qty.
Backflow Devices		Floor Sinks		Pharmacy Sinks		Sterilizers	
Bar Sinks		Gas Line		Plaster Sinks		Storm, Roof Drains	
Bathtubs		Garage/Oil Interceptor		Pressure Relief Valve		Sump Pumps	
Bidet		Garbage Disposals		Replace Interior Dist. Line		Surgical Sinks	
Comp. Sinks		Grease/Kit. Interceptor		Replace Main Service Line		Urinals	
Dental Lavatories		Hot Water Dispensers		Service Sinks (slop)		Water Closets	
Drinking Fountains		Hydrotherapy Baths		Sewage Ejectors		Water Heaters	
Dishwashers		Ice Maker		Shampoo Bowls		Water Piping System	
Eyewash/Emergency		Laundry Tubs		Showers (stall)		Whirlpool	
Floor Drains		Lavatories		Sinks Domestic		X-ray Sinks	
Others: (describe)						Total	

AUTHORIZATION: *The undersigned states that he/she is the owner of the property or authorized agent for the owner of the project address.*

1. This permit is granted on condition that all work is done according to the ordinances of the City of Shaker Heights, and all Building Code Laws of the State of Ohio and/or of the City of Shaker Heights and on failure to do so this permit may be revoked and/or fines and penalties may be imposed.
2. The permit holder or his agent shall notify the Building Division 24 hours in advance for inspection.

Applicant Signature: _____ **Date:** _____

NOTE: All permits are required to be inspected. It is the responsibility of the contractor or applicant to arrange and schedule all inspections with the property owner and the Building Department. Failure to do so is in violation of City Ordinance.

Please allow 24 hours minimum notice before all inspections.