

CITY OF STREETSBORO

9184 ST RT 43
Streetsboro, OH 44241

Building Dept: (330) 626-6069

FAX (330) 626-6067

PLUMBING PERMIT APPLICATION

Project Address _____ S/L _____

Property Owner's Name _____

Property Owner's Address _____
(if different than project address) Street City State Zip

Property Owner's Phone # (____) _____ Fax # (____) _____

Contractor Name _____ Contact _____

Address _____
Street City State Zip

Contractor's Phone # (____) _____ Fax # (____) _____

Drawings Author _____ Contact _____

Address _____
Street City State Zip

Drawings Author Phone # (____) _____ Fax # (____) _____

GENERAL PROJECT INFORMATION

Estimated Cost \$ _____

Single Family Apartments Condominiums Agricultural Commercial
of units _____ # of units _____

PROJECT TYPE

New Construction Remodel Addition Alteration Adding Fixtures

Other _____

Describe project _____

(OVER)

Item	Qty.	Item	Qty.	Item	Qty.
Backflow devices		Garbage disposal		Drinking fountain	
Water closet		Wash rack		Commercial sink	
Kitchen sink		Incinerator		Inside conductor	
Bathtub		Shampoo bowl		Garage interceptor	
Shower		Floor drain		Grease trap	
Laundry trap		Sump pump		Swimming pool	
Washing machine		Water line		Sewer	
Dishwasher		Building drain		Slop sink	
Water heater		Stacks		Sand trap	
Pump installation		Urinals		Bar connections	
Lavatories		Soda fountain		Administrative OTHER	

AUTHORIZATION

1. The undersigned states that he/she is the owner of the property or authorized agent for the owner of the project address.
2. This permit, when issued, is subject to the observance of all ordinances of the City of Streetsboro and the laws of the State of Ohio, and is subject to revocation if these are not observed.

Printed Name

Signature of Owner or Contractor

Date