City of Garfield Heights

5407 Turney Rd.
Garfield Heights, Ohio 44125
Voice (216) 475-3835 Fax (216) 475-6081

Plumbing Permit Application

Applicant

Name_____

Address_____

_____

Phone_____ Fax_____

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner or the duly authorized agent of the owner. I agree to comply with City and State laws regulating construction. I agree that this installation is subject to the inspection and approval of the Building Inspector and that I will call for all required inspections.

Sign: _____

Work Location

Address_____

Owner_____

Address_____

_____

Phone_____ Fax_____

Description of Work:

Enter number of each:

Bathtub/Shower: _____

Sinks: _____

Toilet/Urinal: _____

Disposals: _____

Hot Water Tank: _____

Size gallons: _____

Gas Line: _____
(# of feet)

Gas Outlets: _____

# of Sprinkler Heads: _____

# of Feet and size pipe of Sewer line:

_____

_____

_____

Building Official Signature:
_____