



PLUMBING PERMIT

Application

132 North Elmwood Avenue

Phone: 330-722-9030

www.medinaoh.org

permits@medinaoh.org

Permit Number _____

Date of Application _____

GENERAL	Property Location _____ Scope of Work _____ _____
CONTACT INFORMATION	Contractor/Applicant Contractor _____ Registration # _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____ Property Owner Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____
PROJECT INFORMATION	Type of Building, Structure, Area, or Space where work is to be done: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Describe if other _____ Type of work being done New <input type="checkbox"/> Alternation <input type="checkbox"/> Addition <input type="checkbox"/> Other <input type="checkbox"/> Drawings / Specs / Plans Submitted? Yes <input type="checkbox"/> No <input type="checkbox"/> Does this project require carbon monoxide alarms? Yes <input type="checkbox"/> No <input type="checkbox"/>
SIGNATURE & SUBMITTAL	<p><i>The owner or agent of the owner of this building and undersigned, do hereby covenant and agree to comply with all laws of the State of Ohio, Codified Ordinances of the City of Medina pertaining to the performance of work for which this permit is issued, and in accordance with the approved plans, specifications or manufacturer's instructions submitted herewith, and certify that the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct. Undersigned accepts responsibility for requesting all required inspections in a timely manner.</i></p> Application By: _____ Date _____ <i>Signature of owner, contractor, or authorized agent</i> Print name of Applicant: _____
OFFICIAL USE	Fee \$ _____ Signature _____ Date _____ <i>Building Official</i>