City of Fairview Park

Building Division

20777 Lorain Road – Fairview Park, Ohio 44126
Phone: (440) 356-4405 Fax: (440) 356-4404

APPLICATION FOR PLUMBING PERMIT

Date of Application: _____

Contractor/Owner: _____

Contractor Address: _____

Job Address: _____

Name of Property owner or business:_____

Description of work to be performed:_____

_____

PERMIT WILL INCLUDE ONLY SUCH WORK AS INDICATED

Please check one: _____ Residential _____Commercial

ESTIMATED JOB COST: _____

TYPE AND NUMBER OF FIXTURES TO BE INSTALLED (@ $3.00/EA.):

_____ W.C. _____ LAVS _____ BATH TUBS _____ URINALS

_____ SHOWERS _____ SINKS _____ OTHER

GAS & WATER LINE ($10 per 100'): _____

DRAIN/WASTE/VENT PIPE ($10 per 100') _____

HWT ($25.00)_____

MISC: _____

AMOUNT ENCLOSED: _____ CHECK NO. _____

PRINT NAME: _____

SIGNATURE: _____

Revised 6/7/2010