

RESIDENTIAL PLUMBING PERMIT APPLICATION



City of Bedford Building Department
165 Center Rd. – Bedford, Ohio 44146
440.735-6530 – Fax 440.232.1558
www.bedfordoh.gov

PROJECT INFORMATION

PROPERTY OWNER: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ CELL# _____ E-MAIL _____

PROJECT ADDRESS: _____

CONTRACTOR NAME _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ CELL# _____ E-MAIL _____

PROJECT DESCRIPTION _____

ESTIMATED COST OF PROJECT: \$ _____

REPLACEMENT PLAN REVIEW IF APPLICABLE

HOT WATER TANK: location in dwelling (floor level and room information): _____.

Capacity of **EXISTING:** _____ **REPLACEMENT:** _____ gallons, Fuel type (gas, electric, propane, solar): _____.

Inspection required but not limited to static water pressure (not to exceed 80psi), thermal expansion tank installation, misc. plumbing, dielectric fittings, shut off, gas piping, discharge tube, flue/venting, connection to chimney, chimney lining (if required), manufacture specification must be on site

NOTE: Carbon Monoxide Alarm(s) shall be installed in accordance with RCO 315.2 where scope of work involves the addition, alteration, repair or replacement of a fuel-fired appliance.

The undersigned hereby states they are the owner or authorized owners' representative and granted permission by the property owner to sign this application. This application is submitted for approval as described in this application and accompanying drawings if applicable. The acceptance of this application shall constitute an agreement on the part of the undersigned to abide by the rules and regulations of the City of Bedford and current adopted governing codes. Inspections are required and shall be scheduled by the owner or owners authorized representative.

Applicant Signature: _____

Date received at building Dept. _____ RPPR Number _____