CITY OF STREETSBORO

9184 ST RT 43 Streetsboro, OH 44241

Building Dept. (330) 626-6069 Fax (234) 284-8330

PLUMBING PERMIT APPLICATION

PROJECT ADDRESS					
St	reet	S/L	City	State	Zip
Property Owner Information	on: Name				
Address					
Street			City	State	Zip
Phone # ()	Email				
Contractor Information:	Name		Conta	act	
Address					
Street	•	City		State	Zip
Phone # ()	Email				
Drawings Information: Au	thor		Conta	.ct	
AddressStreet					7.
Street			City	State	Zip
Phone # ()	Email				
	GENERAL PR	OJECT INFOR	MATION		
Estimated Project Cost \$			-		
□ Single Family □ Commercial	☐ Apartments # of Units		ominiums Inits	☐ Agricultural	
Project Type ☐ New Construction ☐ 1	Remodel	☐ Alteration	n 🗆 Adding Fixt	ures	
Other				<u> </u>	
Describe project					
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NOTE: ALL PLUMBING WORK IS REQUIRED TO BE INSPECTED. 24 HOUR NOTICE REQUIRED Effective 1-1-99

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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	

Note:

- 1. All DWV final plumbing inspections will be required to hold an air test equal to one inch (1") water column (in accordance with OPC Section 312.4).
- 2.
- 3. All house gas lines must be tested per IFGC.
- 4. If you would like your permit mailed to you, please include a self-addressed, stamped envelope.

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	Date

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