



132 North Elmwood Avenue, Medina, Ohio 44256
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www.medinaoh.org

PLUMBING
APPLICATION

PLUMBING PERMIT APPLICATION

Permit No. _____ Date Issued _____ Fee _____

* LOCATION OF PROJECT _____

Owner _____ Phone _____

Street _____ City _____ State ____ Zip _____

Pursuant to this application and the approved plans, proposed equipment shall be installed in compliance with all provisions and rules of the Ohio Board of Building Standards; City of Medina Codified Ordinances; and product manufacturer's installation requirements.

The issuance and acceptance of this permit shall constitute an agreement on the part of the applicant to abide by all conditions herein contained, and comply with all ordinances of the City of Medina, and the laws of the State of Ohio, relating to the work to be done.

ISSUED BY _____
Building Official

* REQUIRED INFORMATION

APPLICANT TO COMPLETE THIS SECTION

* Owner _____ Phone _____

Street _____ City _____ State ____ Zip _____

* Contractor _____ * Reg. No. _____ Phone _____

Street _____ City _____ State ____ Zip _____

Fax _____ E-mail _____

* TYPE OF BUILDING, STRUCTURE, AREA, OR SPACE WHERE WORK IS TO BE DONE:

___ RESIDENTIAL ___ COMMERCIAL ___ INDUSTRIAL DESCRIBE IF OTHER _____

* TYPE OF WORK BEING DONE: ___ NEW ___ ALTERATION ___ ADDITION ___ OTHER

* DRWGS / SPECS / PLANS SUBMITTED ___ YES ___ NO

* DOES THIS PROJECT REQUIRE CARBON MONOXIDE ALARMS? ___ YES ___ NO
(Per Section 315 of the 2013 Residential Code of Ohio)

SCOPE OF WORK _____

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 installation of plumbing equipment and systems in accordance with the approved plans, specifications or manufactures 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.**

* APPLICATION BY _____ * DATE _____
SIGNATURE OF OWNER, CONTRACTOR, OR AUTHORIZED AGENT

* Printed Name of Applicant _____