

585 EAST 222ND STREET, EUCLID, OHIO 44123-2099

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## COMMERCIAL PLUMBING BUILDING PERMIT

PROJECT ADDRESS:			
PROPERTY OWNER:	EMAIL:		
PROPERTY OWNER ADDRESS:		STATE _	ZIP
OWNER PHONE:	All fields in this box must be comp	leted.	

ADDRESS:	-

PROJECT DETAILS			
ESTIMATED COST:			
IS THIS PERMIT ASSOCIATED WITH A GENERAL CONSTRUCTION PERMIT? IF YES, PROVIDE THE PERMIT #:	YES	NO	
ARE THERE ATTACHED PLANS WITH THE APPLICATION?	YES	NO	

DESCRIPTION OF WORK:		



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## PLEASE MARK ALL APPLICABLE ITEMS

YES/NO
YES/NO
YES/NO
YES/NO

I hereby certify all information contained in this application is true, accurate and complete to the best of my knowledge. This application shall be considered in agreement on the part of the applicant or his agents to comply with the Building and Zoning codes of the City of Euclid and the State of Ohio. I further agree to comply with all required inspections related to this permitted work.

Applicant Signature

Applicant Printed Name

Date

Applicant Email

Applicant Phone