

## CITY OF BROOK PARK – BUILDING DEPARTMENT 5590 Smith Road | Brook Park | Ohio | 44142 P: 216.433.7412 | E: buildingdept@cityofbrookpark.com

www.cityofbrookpark.com/building-department

ALL REQUESTS <u>MUST</u> BE MADE USING OUR CURRENT / APPROPRIATE CALENDAR YEAR FORMS We do not "HOLD" documents, INCORRECT and/or INCOMPLETE REQUESTS WILL BE RETURNED

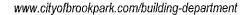
## Our office does **NOT** accept payments online

Payments accepted via: Exact Cash, Check / Money Order (Payable to: City of Brook Park), Visa, Mastercard, Discover

Work CANNOT begin until an approved permit is on site. Allow 3-5 days processing of non-structural requests, 3-30 days for New Construction/Additions/Alterations. A minimum 24 Hour Notice is required to schedule for first available inspection

2025 PLUMBING PERMIT APPLICA	TION – Page 1 of 2	
Anticipated date WORK WILL BEGIN: PROJECT VALUATION	EGIN: PROJECT VALUATION: \$	
PROJECT ADDRESS:	☐ Residential ☐ Commercial	
Property Owner Names(s):	Phone #:	
Request Permit be returned via:   □ E-Mail: □ Mail (Include STAMPED, self-addressed envelope)		
WORK WILL BE COMPLETED BY THE:		
□ PROPERTY OWNER: I hereby certify	ional to complete the work, as provided for by the Park, Ohio. I understand, that as the permit holder, with all applicable Building Codes, Zoning Codes illity for correcting any deficiencies detected during s on a Permit Application may cause a suspension he City of Brook Park Building Code, and may be	
Project Contact Person:	Phone #:	
The undersigned states that he/she is the owner of the property or authorized agent contracted by the owner of the property work done will be in accordance with the City of Brook Park Ordinances and all Building Code Laws of the State of Ohio. F permit and additional fines/penalties may be imposed  APPLICANT SIGNATURE:  THIS IS A 2 PAGE APPLICATION, BOTH PAGES MUST BE COMPLETED & RETURNED (Page	ailure to comply will result in revocation of this  DATE:	

FOR OFFICE USE ONLY BELOW THIS LINE:





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PROJECT ADDRESS: Date: \_\_\_\_\_ Did this project require approval from the Board of Zoning Appeals or Planning Commission? 

No Yes, Date: SELECT ANY / ALL THAT APPLY TO THE PROJECT & PROVIDE DETAILS - Building, Electric, HVAC work must be submitted separately on appropriate Application 2025 PLUMBING PERMIT APPLICATI

☐ Alteration / Repair ☐ New Construc	ction
Gross Floor Area:	(Commercial Projects Only)
Type: Location: Type: Location:	Is below, continue additional fixtures/details on back of Application)
☐ HOT WATER TANK - ☐ Gas ☐ Elect. SIZE	: LOCATION: DExisting Dew
■ WATERPROOFING - Linear Feet:	□ Partial
SUMP PUMP - Location:	D Existing D New
☐ SANITARY SEWER - Linear Feet:	<del></del>
☐ STORM SEWER - Linear Feet:	
□ SPRINKLERS - # of heads:	
□ WATER SYSTEM	
☐ GAS SYSTEM	
☐ STREET OPENING	
■ BOND DEPOSIT - Refund Payable To:	Mailing Address:
□ OTHER	
	( Continue on Back of Appli