



A Part of History A Place to Call Home

# VILLAGE of VALLEY VIEW

BUILDING DEPARTMENT

## APPLICATION FOR PLUMBING PERMIT

Date of Application: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Job Address: \_\_\_\_\_

Property Owner's Phone #: (\_\_\_\_) \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Contractor's Phone #: (\_\_\_\_) \_\_\_\_\_

Description of work to be performed: \_\_\_\_\_

(PERMIT WILL INCLUDE ONLY SUCH WORK AS INDICATED)

ESTIMATED JOB COST: \_\_\_\_\_

TYPE AND NUMBER OF FIXTURES TO BE INSTALLED:

____ W.C.	____ LAVS	____ BATH TUBS	____ URINALS
____ SHOWERS	____ SINKS	____ OTHER	

GAS & WATER LINE: \_\_\_\_\_

DRAIN/WASTE/VENT PIPE: \_\_\_\_\_

HWT: \_\_\_\_\_

MISC: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*(The Undersigned hereby agrees to contact the Building Department for ALL REQUIRED INSPECTIONS and to comply with all Ordinances of Valley View, Ohio, and the laws of the State of Ohio relating to the work to be done under said permit)*

BUILDING OFFICIAL: \_\_\_\_\_ AMOUNT: \_\_\_\_\_