



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](http://www.cityofbrookpark.com/building-department)

ALL REQUESTS **MUST** 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

## 2024 PLUMBING PERMIT APPLICATION – Page 1 of 2

Anticipated date WORK WILL BEGIN: \_\_\_\_\_ 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 \_\_\_\_\_ (INITIALS), as the property owner that I personally will perform the work described on the permit application in lieu of securing the services of a registered professional to complete the work, as provided for by the provisions of Section 1311.02 of the Codified Ordinances of the City of Brook Park, Ohio. I understand, that as the permit holder, it is my responsibility to: •Obtain all required Permits and Approvals •Comply with all applicable Building Codes, Zoning Codes and other Specifications •Obtain all required Inspections •Assume responsibility for correcting any deficiencies detected during inspection(s). I further understand that any misrepresentations or falsifications on a Permit Application may cause a suspension or revocation of any Permit issued, as provided in the Section 1311.07 of the City of Brook Park Building Code, and may be subject to the penalties provided in Section 1311.99

☐ **REGISTERED CONTRACTOR** (Business Name) \_\_\_\_\_

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. This permit will be granted on condition that all work done will be in accordance with the City of Brook Park Ordinances and all Building Code Laws of the State of Ohio. Failure to comply will result in revocation of this permit and additional fines/penalties may be imposed*

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THIS IS A 2 PAGE APPLICATION, BOTH PAGES MUST BE COMPLETED & RETURNED (Page 1 of 2 – Continue to next page)

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

## 2024 PLUMBING PERMIT APPLICATION – Page 2 of 2

☐ Alteration / Repair ☐ New Construction ☐ Fire Restoration ☐ Other: \_\_\_\_\_

Gross Floor Area: \_\_\_\_\_ (Commercial Projects Only)

☐ FIXTURE(S) - #: \_\_\_\_\_ (Provide details below, continue additional fixtures/details on back of Application)

Type: _____	Location: _____	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Type: _____	Location: _____	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Type: _____	Location: _____	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Type: _____	Location: _____	<input type="checkbox"/> Existing	<input type="checkbox"/> New

☐ HOT WATER TANK - ☐ Gas ☐ Elect. SIZE: \_\_\_\_\_ LOCATION: ☐ Existing ☐ New

☐ WATERPROOFING - Linear Feet: \_\_\_\_\_ ☐ Partial

☐ SUMP PUMP - Location: \_\_\_\_\_ ☐ Existing ☐ New

☐ SANITARY SEWER - Linear Feet: \_\_\_\_\_

☐ STORM SEWER - Linear Feet: \_\_\_\_\_

☐ SPRINKLERS - # of heads: \_\_\_\_\_

☐ WATER SYSTEM

☐ GAS SYSTEM

☐ STREET OPENING

☐ BOND DEPOSIT - Refund Payable To: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

☐ OTHER - \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ ( Continue on Back of Application )