



THE CITY OF MAYFIELD HEIGHTS

6154 Mayfield Road - Mayfield Heights, OH 44124-3296
 Phone: 440-442-2107 Fax: 440-442-7662

REQUEST FOR SEWER/WATERPROOFING PERMIT

JOB LOCATION (no. & street)		SUITE NO:
JOB BUSINESS NAME:	BUILDING NAME:	
Property Owner:		
Owner's Address: (no. & street) If different than job.		
City, State, Zip		Phone:

RESIDENTIAL FEES: SEWERS/WATERPROOFING; NEW OR ALTERATION - \$75.00 (PLUS 1% state surcharge)							
SEWER:	REPAIR	REPLACE	ALTERATION	INTERIOR	EXTERIOR		
___ SANITARY	Length:	Size:	Location:				
NOTE: all sanitary mainline and service lateral sewer installation and repair projects, regardless of length, depth or size may also require a County permit and inspection by a County inspector. Call 216-443-8209							
___ STORM	Length:	Size:	Location:				
Back Water Valve Install/Replace? (Y or N):			Exterior Sump Pump Install/Replace? (Y or N):				
Additional Information:							
WATERPROOFING/WATER CONTROL:	INTERIOR	EXTERIOR	Linear Feet:				
LOCATION (sides of house):							
Additional Information:							

COMMERCIAL	
Describe the nature of the job:	
Amount of sewer pipe: 10" & Under _____ Over 10" _____	
SEWER	FEE: \$100.00 + \$10.00 under 10 inches per 500 linear feet or fraction thereof (plus 3% state surcharge) + \$20.00 over 10 inches per 500 linear feet or fraction thereof (plus 3% state surcharge)

CONTRACTOR: (company name)	APPLICANT: (print your name)
ADDRESS:	
EMAIL:	PHONE:
*SIGNATURE OF APPLICANT:	DATE:
DATE ISSUED:	PERMIT NUMBER: