



# 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)								
<b>SEWER:</b>	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:								
<b>WATERPROOFING/WATER CONTROL:</b>	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" _____	
<b>SEWER</b>	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)

Estimated cost of work: \_\_\_\_\_

<b>CONTRACTOR:</b> (company name)	<b>APPLICANT:</b> (print your name)
ADDRESS:	
EMAIL:	PHONE:
<b>*SIGNATURE OF APPLICANT:</b>	DATE: