



Department of Building, Zoning & Housing  
26789 Highland Road  
Richmond Heights, Ohio 44143  
216-383-6312 Fax: 216-383-6319  
richmondheightsohio.org

**APPLICATION FOR  
SEWER CONVERSION PERMIT**

ADDRESS OF CONVERSION \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

SUBMITTER'S NAME \_\_\_\_\_

**LOCATION OF BUILDING DRAIN WITHIN THE STRUCTURE:**

BELOW BASEMENT FLOOR

SUPPORTED BY FLOOR JOIST AND  
PENETRATING FOUNDATION WALL

**IDENTIFY PLUMBING FIXTURES LOCATED IN BASEMENT:**

FLOOR DRAIN  WATER CLOSET  SHOWER

LAUNDRY TRAY  LAVATORY  BATHTUB

SINK  CLOTHES WASHING MACHINE

**LICENSE AGREEMENT**

This application is hereby submitted for a license to convert a septic system or other private sanitary sewage system to a public sanitary system as described in this application and the accompanying drawings which are a part of this application. The acceptance of this license herein applied for shall constitute an agreement on the part of the undersigned to abide by all conditions herein contained and to comply with all ordinances of the City, laws and regulations of the State of Ohio and Cuyahoga County; and any special requirements rules, regulations and standards of the Department of Building, Zoning and Housing.

SIGNATURE OF PROPERTY OWNER : \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME OF PROPERTY OWNER : \_\_\_\_\_

SIGNATURE OF CONTRACTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME OF CONTRACTOR: \_\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_