STREET: .		PERMIT #2018-	1
	MEDINA COUNTY HEALTH	TOTAL FEE:	\$50.00
	DEPARTMENT	RECEIPT #:	
ALL	4800 LEDGEWOOD DR, MEDINA, OH 44256 (330) 723-9523 * Toll Free 1-888-723-9688 PERMITS VOID 1 YEAR FROM DATE OF ISSUE. 4 HOUR NOTICE REQUIRED FOR ALL INSPECTIO REPLACEMENT HOT WATER TANK		:
PLUMBER: .			
CUSTOMER:	. cust	OMER PHONE: .	
COMMENTS:	DATE	LETTER SENT:	
_		CLERK:	

FINAL APPROVAL \_\_\_\_\_.