

CITY OF ELYRIA COMMERCIAL PLUMBING APPLICATION

Job Location	Date Stamp																																								
Address _____ Lot/Unit/Suite No. _____ Project and or Business Name. _____																																									
Owner Information																																									
Name _____ Address _____ City _____ State _____ Zip Code _____ Phone (_____) _____ Mobile (_____) _____ Email _____																																									
Contractor Information																																									
Name _____ DBA _____ Address _____ City _____ State _____ Zip Code _____ Phone (_____) _____ Mobile (_____) _____ Email _____																																									
Plumbing Fees																																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%;">1. Application fee</td> <td style="width: 15%; text-align: right;">\$ 50.00</td> <td style="width: 10%; text-align: center;">50.00</td> <td style="width: 20%; text-align: right;">(per unit)</td> </tr> <tr> <td>2. Industrialized Unit</td> <td style="text-align: right;">\$ 75.00</td> <td></td> <td style="text-align: right;">(per unit)</td> </tr> <tr> <td>3. Replacement fixtures <i>(LAVATORY, WATER CLOSET, SHOWER TUB, SINK, ETC.)</i></td> <td style="text-align: right;">\$ 8.00</td> <td></td> <td style="text-align: right;">(per fixture replacement)</td> </tr> <tr> <td>4. Replacement of water, gas, and soil lines or water heater</td> <td style="text-align: right;">\$ 25.00</td> <td></td> <td style="text-align: right;">(per replacement)</td> </tr> <tr> <td>5. Installation of new fixtures. <i>(LAVATORY, WATER CLOSET, SHOWER TUB, SINK, ETC.)</i></td> <td style="text-align: right;">\$ 12.00</td> <td></td> <td style="text-align: right;">(per new fixture)</td> </tr> <tr> <td>6. Installation of new water, gas, and soil lines or water heater</td> <td style="text-align: right;">\$ 25.00</td> <td></td> <td style="text-align: right;">(per new)</td> </tr> <tr> <td>7. Installation or Relocation of interior storm collection system.</td> <td style="text-align: right;">\$ 50.00</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal</td> <td>_____</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">State Fee 3% of Subtotal</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total Cost</td> <td>_____</td> <td style="text-align: right;">(Cost of Proposed Work)</td> </tr> </table>		1. Application fee	\$ 50.00	50.00	(per unit)	2. Industrialized Unit	\$ 75.00		(per unit)	3. Replacement fixtures <i>(LAVATORY, WATER CLOSET, SHOWER TUB, SINK, ETC.)</i>	\$ 8.00		(per fixture replacement)	4. Replacement of water, gas, and soil lines or water heater	\$ 25.00		(per replacement)	5. Installation of new fixtures. <i>(LAVATORY, WATER CLOSET, SHOWER TUB, SINK, ETC.)</i>	\$ 12.00		(per new fixture)	6. Installation of new water, gas, and soil lines or water heater	\$ 25.00		(per new)	7. Installation or Relocation of interior storm collection system.	\$ 50.00			Subtotal		_____		State Fee 3% of Subtotal		_____	\$ _____	Total Cost		_____	(Cost of Proposed Work)
1. Application fee	\$ 50.00	50.00	(per unit)																																						
2. Industrialized Unit	\$ 75.00		(per unit)																																						
3. Replacement fixtures <i>(LAVATORY, WATER CLOSET, SHOWER TUB, SINK, ETC.)</i>	\$ 8.00		(per fixture replacement)																																						
4. Replacement of water, gas, and soil lines or water heater	\$ 25.00		(per replacement)																																						
5. Installation of new fixtures. <i>(LAVATORY, WATER CLOSET, SHOWER TUB, SINK, ETC.)</i>	\$ 12.00		(per new fixture)																																						
6. Installation of new water, gas, and soil lines or water heater	\$ 25.00		(per new)																																						
7. Installation or Relocation of interior storm collection system.	\$ 50.00																																								
Subtotal		_____																																							
State Fee 3% of Subtotal		_____	\$ _____																																						
Total Cost		_____	(Cost of Proposed Work)																																						
(Scope of work) _____ _____ _____ _____ _____ _____																																									
Date. _____																																									
Signature of Owner, or Agent Responsible for Work <input type="checkbox"/> Check if Owner <input type="checkbox"/> Check if Agent																																									

Date Approved. _____ Inspectors Initials. _____ Zoning _____ Receipt No. _____ Permit No. _____
 Date Denied. _____ Comments. _____