

CITY OF ELYRIA RESIDENTIAL PLUMBING APPLICATION

Job Location	Date Stamp
Address _____ Lot/Unit/Suite No. _____ Subdivision _____	

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

1. Application fee	\$ 15.00 <u>15.00</u>
2. New Single-family dwelling	\$ 135.00 _____
3. New 2 and 3 family dwellings	\$ 67.50 _____ (per dwelling unit)
4. Replacement fixtures (LAVATORY, WATER CLOSET, SHOWER TUB, SINK, ETC.)	\$ 9.00 _____ (per fixture replacement)
5. Replacement of water, gas, and soil lines or water heater	\$ 30.00 _____ (per replacement)
6. Installation of new fixtures. (LAVATORY, WATER CLOSET, SHOWER TUB, SINK, ETC.)	\$ 15.00 _____ (per new fixture)
7. Installation of new water, gas, and soil lines or water heater	\$ 40.00 _____ (per new)
8. Installation or Relocation of interior storm collection system.	\$ 55.00 _____

Note: Separate Electrical Permit maybe required.
Note: Per the 2019 Residential Code of Ohio, Section 315.2.2 Alterations, repairs and additions. In existing dwelling units, having fuel-fired appliances or an attached garage, where an application for approval is required for work involving any of the following areas or systems within that dwelling unit, the individual dwelling unit shall be equipped with carbon monoxide alarms located as required for new dwellings: 1. The addition or creation of a new sleeping room. 2. An alteration of a sleeping room. 3. An alteration in the immediate vicinity outside of a sleeping room; 4. An addition of, or an alteration to, an attached garage; 5. An addition, alteration, repair or replacement of a fuel-fired appliance.

Subtotal	_____	
State Fee 1% of Subtotal	_____	\$ _____
Total Cost	_____	(Cost of Proposed Work)

(Scope of work, please be specific) _____

Signature of Owner: _____ . **Print:** _____
 Signature of Agent: _____ . **Print:** _____
 Date: _____

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