

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	
1. Application fee	\$ 60.00 <u>60.00</u> (per unit)
2. Industrialized Unit	\$ 85.00 _____ (per unit)
3. Replacement fixtures (LAVATORY, WATER CLOSET, SHOWER TUB, SINK, ETC.)	\$ 9.00 _____ (per fixture replacement)
4. Replacement of water, gas, and soil lines or water heater	\$ 30.00 _____ (per replacement)
5. Installation of new fixtures. (LAVATORY, WATER CLOSET, SHOWER TUB, SINK, ETC.)	\$ 15.00 _____ (per new fixture)
6. Installation of new water, gas, and soil lines or water heater	\$ 40.00 _____ (per new)
7. Installation or Relocation of interior storm collection system.	\$ 55.00 _____
	Subtotal _____
	State Fee 3% 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. _____