



CITY OF LORAIN  
DIVISION OF BUILDINGS

**PLUMBING**

**PERMIT APPLICATION**

Phone: 440-204-2045 / Fax: 440-204-2540  
Richard Klinar, Chief Building Official  
Kellie Glenn, Director

Date :	_____
Valuation \$	_____
Permit Fee \$	_____
1% State \$	_____
3% State \$	_____
Add \$1.00 Technology Fee	_____
Total Fees \$	_____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
Permit: #	_____

*Per Lorain City Council, As of August 15<sup>th</sup>, 2018 –  
add \$1.00 [TECHNOLOGY FEE] to final permit cost*

**Contractor** \_\_\_\_\_  
Phone# \_\_\_\_\_

**OWNER** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_

**COMMERCIAL**       **RESIDENTIAL**

**NUMBER OF FIXTURES BEING INSTALLED OR REPLACED**

	Tub/Shower
	Shower Stalls
	Lavatories
	Toilets
	Urinals
	Sinks
	Laundry Tubs
	Dish Washers
	Garbage Disposals

	Drinking Fountain
	Floor Drains
	Water Heaters
	Water Softeners
	Sewage Ejectors
	Sump Pumps
	Grease Traps
	Bidet
	Lawn Sprinklers

	Backflow Preventers
	Water Pumps
	Roof Openings
	Parking Lot Drains
	Inside Downspouts
	Swimming Pools
	Stand Pipe (Y/N)
	No. Hose Outlets
	Number of Heads

Water Lines:    Existing    New  
Measurement at Dwelling \_\_\_\_\_  
Depth at curb \_\_\_\_\_

ROUGH TEST	_____
DATE OF TEST	_____
DATE OF TEST	_____
FINISH	_____

Work Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Phone# \_\_\_\_\_  
Sewer Contractor \_\_\_\_\_ Phone# \_\_\_\_\_

I CERTIFY THAT I AM THE OWNER OF THE ABOVE PROPERTY, THAT THE ABOVE STATEMENTS ARE TRUE AND THAT THE WORK WILL BE PERFORMED ONLY BY ME, PER ORD. 118-96, SECTION III - 1.
_____
<b>Owner</b>

I CERTIFY THAT I AM AUTHORIZED BY THE OWNER OF THE ABOVE PROPERTY TO OBTAIN THE DESCRIBED PERMIT; THAT THE ABOVE STATEMENTS ARE TRUE AND THAT THE WORK WILL BE PERFORMED BY CONTRACTOR (S) WHO IS/ARE REGISTERED WITH THE CITY OF LORAIN BUILDING DEPARTMENT.
_____
<b>Authorized Representative</b>