



CITY OF LORAIN
DIVISION OF BUILDINGS

PLUMBING

PERMIT APPLICATION

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

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

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 _____

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.

Owner

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.

Authorized Representative