

**CITY OF LORAIN
APPLICATION FOR PLUMBING PERMIT**

Date _____

Application # _____

Owner: _____

Address _____

NUMBER OF FIXTURES BEING INSTALLED OR REPLACED

Tubs/Shower	___	Drinking Fountain	___	Backflow Preventers	___	Rough Test	_____
Shower Stalls	___	Floor Drains	___	Water Pumps	___		
Lavatories	___	Water Heaters	___	Roof Openings	___	Date of Test	_____
Toilets	___	Water Softeners	___	Parking Lot Drains	___		
Urinals	___	Sewage Ejectors	___	Inside Downspouts	___	Date of Test	_____
Sinks	___	Sump Pumps	___	Swimming Pools	___		
Laundry Tubs	___	Grease Traps	___	Stand Pipe (Y/N)	___	Finish	_____
Dish Washers	___	Bidets	___	No. Hose Outlets	___		
Garbage Disposal	___	Lawn Sprklrs (Y/N)	___	Number of Heads	___		

Existing New

Measurement at Dwelling _____

Depth at curb _____

Work consists of: Traps _____ Fees _____ Permit fees _____ Heater _____ TOTAL _____
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Plumbing Contractor _____ Sewer Contractor _____ Date _____ Permit # _____
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