

PLUMBING PERMIT APPLICATION

All Contractors must be registered to work within the City of Willoughby Hills.

LOCATION _____

PPN _____ Estimated Cost \$ _____ Zoning District _____

Registration No. _____	
OWNER* _____	APPLICANT/CONTRACTOR _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
	Alt. Phone _____

- Minimum Fee: \$50.00** \$ _____
 - UNITS**
 - plumbing trap installation **\$8.00** each; _____ **TOTAL number of FIXTURES/TRAPS**
 - FIXTURES/TRAPS** [indicate qty]:

_____ Water closet	_____ Floor Drain	_____ Appliances :
_____ Lavatory Sink	_____ Island Sink	_____ Garbage disposal
_____ Bath tub or Jacuzzi	_____ Bar Sink	_____ Dishwasher
_____ Shower	_____ Floor Sink	_____ Ice maker
_____ Kitchen Sink	_____ Other sink	_____ Other: _____
_____ Laundry Sink	_____ ACW Stand Pipe	_____ Other: _____
 - hot water storage tank, **\$30.00** each \$ _____
 - For each 100 feet aggregate length or fraction thereof of building drain or building sewer of the following diameters

3, 4, 5, or 6 inch	\$40.00	\$ _____
8 or 10 inch	\$50.00	\$ _____
12 inch or larger	\$75.00	\$ _____
 - Inside GAS PIPING **\$40.00** \$ _____
 - Inside water PIPING **\$40.00** \$ _____
 - Alterations:** Minimum fee PLUS UNITS \$ _____
 - New building installations:** the greater of either the minimum fee plus units or \$0.10 / square foot of building \$ _____
 - Additions:** the greater of either the minimum fee plus units or \$0.10 per foot \$ _____
 - Replacement:**
 - hot water storage tank **\$50.00**
 - Water supply **\$50.00**
 - Sewer Drain and/or ejector **\$50.00**\$ _____
 - Gas boiler for **swimming pools \$75.00** \$ _____
 - Installation of **Lawn Irrigation System \$50.00** \$ _____
- 1 % STATE TAX FEE** \$ _____
- TOTAL** \$ _____

APPLICANT (print name) _____	Signature _____	Date _____
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PLEASE RETURN THIS COMPLETED FORM, REQUIRED DOCUMENTS AND PAYMENTS TO
 Willoughby Hills Building & Zoning Department – 35405 Chardon Road—Willoughby Hills OH 44094

OFFICE USE: Amount Recv'd \$ _____ Cash/Check# _____ Permit # _____ Recv'd By _____ Date _____