

City of Lyndhurst Building Department

INSPECTOR
Steve Rodriguez
Joe Verbiar

BUILDING COMMISSIONER
John Maichle
5301 Mayfield Road, Lyndhurst, Ohio 44124
440-473-5108/Fax:440-442-7189

SECRETARY
Sheila Manfredi
Kari Link

APPLICATION FOR PLUMBING PERMIT

Owner: _____ Property Address: _____

Owner Phone No: _____ Date of Application: _____

Contractor: _____
(Business Name) (Address)

Contractor Phone No: _____ Cell No: _____

All Permits Have A Base Fee of (unless indicated): Residential \$30.00 Commercial \$50.00

New Commercial Structure \$200.00 plus \$5.00 per 100 square foot - Square footage of structure _____

New Residential Structure \$100.00 plus \$5.00 per 100 square foot - Square footage of structure _____

| | | |
|-----------------------------|----------------------------------|------------------------------|
| Tub \$5.00 x _____ | Drinking Fountain \$5.00 x _____ | New Sewer Connection |
| Water Closet \$5.00 x _____ | Dishwasher \$5.00 x _____ | Sanitary / Storm |
| Shower \$5.00 x _____ | Floor Drain \$5.00 x _____ | \$100.00 x _____ |
| Lavatory \$5.00 x _____ | Garbage Disposal \$5.00 x _____ | Repair Sewer Connection |
| Sink \$5.00 x _____ | Gas Line Repair \$10.00 x _____ | Sanitary / Storm |
| Urinal \$5.00 x _____ | Slop Sink \$5.00 x _____ | \$50.00 x _____ |
| Laundry Tray \$5.00 x _____ | Lawn Sprinkler System | Down Spout Connection |
| Hot Water Tank(No Base Fee) | \$20.00 _____ | \$5.00 x _____ |
| \$25.00 x _____ | Sump Pump \$5.00 _____ | Fire Protection \$75.00 plus |
| | | \$3.00 per head x _____ |

Exterior Drain tile \$80.00 (No base fee) – Location _____

Other: _____

All Residential Permits must have 1% Added to Total Cost for State Assessment.
All Commercial Permits must have 3% Added to Total Cost of Permit for State Assessment.

By signing as the applicant I am acknowledging that I am authorized to pull this permit for the Company listed above. (Homeowner affidavit must be signed/witnessed in the Building Department if homeowner is doing work listed above. Affidavit must be attached to this application.)

Signature of Applicant Address of Applicant Date

Printed Name of Applicant Phone Number