

INSPECTOR
Joe Mandato
Mark Kavaras

City of Lyndhurst Building Department

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

SECRETARY
Sheila Manfredi

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 \$25.00 x _____	\$20.00 _____	\$5.00 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