



City of Lorain

Plumbing Permit Application

APPLICATION MUST BE FILLED OUT COMPLETELY & LEGIBLY

SECTION I – General Information

Date _____

Estimated total cost of project \$_____

Address of construction _____ Name of Buisness _____

Who is doing the work? Owner Contractor Owner's Agent

Owner name _____ Phone _____ Email _____

Owner's full address _____

Plumbing Contractor _____ Phone _____ Email _____

Contractor's full address _____

Sewer Contractor _____ Phone _____ Email _____

Contractor's full address _____

A drawing is required showing all materials being used, routing location, fixtures and placement. All commercial plans must be done by an Ohio design professional. Two (2) copies of plans for residential work. Five (5) copies of plans for commercial work.

SECTION II – Description of Property and Project

Type of structure: Residential Commercial

Water Line: Existing New

Measurement at Dwelling _____

Depth at Curb _____

Work Description: _____

Type of installation	#units	Type of installation	#units	Type of installation	#units
<input type="checkbox"/> Tub/Shower	_____	<input type="checkbox"/> Drinking Fountain	_____	<input type="checkbox"/> Water Pump	_____
<input type="checkbox"/> Shower stall	_____	<input type="checkbox"/> Floor Drain	_____	<input type="checkbox"/> Roof Opening	_____
<input type="checkbox"/> Bidet	_____	<input type="checkbox"/> Water Heater	_____	<input type="checkbox"/> Parking Lot Drain	_____
<input type="checkbox"/> Toilet	_____	<input type="checkbox"/> Water Softener	_____	<input type="checkbox"/> Inside Downspout	_____
<input type="checkbox"/> Urinal	_____	<input type="checkbox"/> Sewage Ejector	_____	<input type="checkbox"/> Swimming Pool	_____
<input type="checkbox"/> Sink	_____	<input type="checkbox"/> Sump Pump	_____	<input type="checkbox"/> Stand Pipe	_____
<input type="checkbox"/> Laundry Tub	_____	<input type="checkbox"/> Grease Trap	_____	Number of Hose Outlet	_____
<input type="checkbox"/> Dish Washer	_____	<input type="checkbox"/> Lawn Sprinkler	_____	Number of Heads	_____
<input type="checkbox"/> Garbage Disposal	_____	<input type="checkbox"/> Backflow Preventer	_____	<input type="checkbox"/> Gas Line	_____

Materials: _____

A ROUGH-IN INSPECTION IS REQUIRED BEFORE CONCEALMENT

This application is submitted for a permit to erect, add to, alter or repair a structure as specified in this application and any accompanying drawings. Acceptance of the permit shall constitute an agreement on the part of the applicant or his/her agents to comply with the Building and Zoning Codes of the City of Lorain, or other orders, requirements or specifications slated in the permit. In signing this application, the contractor or owner's agent certifies that the work is authorized by the owner on record and that the installation will comply with the regulations of the City of Lorain Building Codes and State Codes.

Applicant is: Owner Contractor Owner's Agent

Applicant signature _____

Date _____

Building Official _____

Date _____