



City of Mentor Application for Plumbing Permit

PLEASE NOTE: INSPECTIONS MUST BE SCHEDULED 24 HOURS IN ADVANCE

Project Information (Print/Type)

Project Address: _____
Owner: _____
Phone Number: _____ Cell Number: _____

Plumbing Contractor Information: (Print/Type)

Company Name: _____
Contact Person: _____ Mentor Registration # _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Cell Number: _____ Email: _____

IF THIS PLUMBING WORK RELATES TO A CURRENT BUILDING PERMIT PLEASE USE THE FOLLOWING FORMULA: A FLAT \$40.00 FEE + \$3.00 PER 100 SQUARE FEET OR

<u>NO.</u>	<u>FEE</u>
_____	\$20.00 FLAT FEE 1, 2, & 3 FAMILY RESIDENTIAL PERMITS + A \$50.00 DEPOSIT IS REQUIRED
_____	\$40.00 FLAT FEE FOR OBC PERMITS + A \$100.00 DEPOSIT IS REQUIRED
_____	\$2.00 EACH PLUMBING FIXTURE OR EQUIPMENT (INCLUDING DRAINS, BACKFLOW DEVICES, ETC.)
_____	\$10.00 EACH HOT WATER STORAGE TANK (INCLUDING EXPANSION TANK)
_____	\$10.00 EACH WATER PIPING 100 LINEAL FEET OR FRACTION THEREOF
_____	\$10.00 EACH INTERCEPTOR, EJECTOR OR GRINDER
_____	\$20.00 EACH HYDRONIC SYSTEM OR AC/HEAT EXCHANGER
_____	\$20.00 + \$5.00 PER HEAD FOR A LIMITED AREA FIRE SUPPRESSION SYSTEM

DRAINAGE PIPING: (INTERIOR STORM AND SANITARY DRAINS)

_____	\$10.00 EACH ROOF DRAIN OR YARD DRAIN
_____	\$10.00 EACH STORM LEADER, BUILDING STORM DRAIN
_____	\$10.00 EACH BUILDING DRAIN, BRANCH DRAIN, STACK GROUP

GAS PIPING: (NATURAL, PROCESS OR OTHER)

_____	\$10.00 PER 100 LINEAL FEET UP TO 1" DIAMETER
_____	\$20.00 PER 100 LINEAL FEET OVER 1" DIAMETER
_____	\$10.00 PER EACH GAS OUTLET OR APPLIANCE CONNECTION
_____	\$50.00 FOR EACH SERVICE LATERAL

LAWN SPRINKLER SYSTEM:

_____	\$20.00 PLUS \$10.00 PER ZONE
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Describe Work

Application is hereby submitted to perform the work described in this application. It is hereby specifically agreed that the signatories and their assigns shall comply with all Codes and Ordinances of the City of Mentor, State of Ohio, and all the conditions of plan approval, and applicant further agrees to cause to schedule all required inspections and obtain approvals prior to concealing work. This application submittal is a public record pursuant to the provisions of the Ohio State Open Records Act and a legal document. Purposely filing false or misleading information is a violation of City and State Ordinances and may be cause to void any permit. Additional information in the form of Plans or other Construction Documents, will be required to review and approve your application. By signing the applicant affirms they are the owner or authorized to act as the owner's agent.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY: PERMIT FEE: \$ _____ S.A.F. FEE: \$ _____ DEPOSIT: \$ _____ AMT. DUE: \$ _____

Parcel Number(s): _____ Ward: _____ Census Tract: _____

(REVISION 03/2010 ALL OTHER VERSIONS ARE OBSOLETE)

Mentor Municipal Center, 8500 Civic Center Boulevard, Mentor, Ohio 44060-2499 www.cityofmentor.com
Engineering and Building Department Phone 440-974-5785 \ Fax 440-974-5708 \ Email building@cityofmentor.com

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