



# THE CITY OF MAYFIELD HEIGHTS

6154 Mayfield Road - Mayfield Heights, OH 44124-3296

Phone: 440-442-2107 Fax: 440-442-7662

## REQUEST FOR PLUMBING PERMIT

JOB LOCATION (no. & street)		SUITE NO:
JOB NAME:	BUILDING NAME:	
Property Owner:		
Owner's Address: (no. & street)		
City, State, Zip		Phone:

### RESIDENTIAL

Describe the nature of the job:

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**NEW CONSTRUCTION** FEE: \$100.00 BASE FEE + \$30.00 per 100 sq. ft. or fraction thereof (plus 1% state surcharge)

**ADDITION & ALTERATIONS** FEE: \$100.00 BASE FEE + \$30.00 per 100 sq. ft. or fraction thereof (plus 1% state surcharge)

Size of new/addition/alteration area where work is being performed: \_\_\_\_\_ sq. ft.

SQ. FT:            ÷ 100 =            (round up) X 30            + BASE FEE =            X 1% (state surcharge) =

**REPLACEMENT HOT WATER TANK & SIMILAR EQUIPMENT** FEE: \$100.00 (PLUS 1% state surcharge)

### COMMERCIAL

Describe the nature of the job:

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Is the work associated with a build out project?  Yes  No ~ If yes, please provide Building Permit Number \_\_\_\_\_

**NEW CONSTR, ADDITION & ALTERATIONS** FEE: \$200.00 + \$30.00 PER 100 sq. ft. or fraction thereof (plus 3% state surcharge)

**PRESSURE PIPING, REFRIGERATION, MED GAS, HYDRONICS** FEE: \$200.00 + \$30.00 PER 100 sq. ft. or fraction thereof (plus 3% state surcharge)

Size of new/addition/alteration area where work is being performed: \_\_\_\_\_ sq. ft.

SQ. FT:            ÷ 100 =            (round up) X 30            + 200.00 =            X 3% (state surcharge) =

**REPLACEMENT HOT WATER TANK, BOILER AND SIMILAR INSTALLATIONS** FEE: \$100.00 (plus 3% state surcharge)

Estimated cost of the work: \_\_\_\_\_

CONTRACTOR: (company name)	APPLICANT: (print your name)
ADDRESS:	
EMAIL:	PHONE:
SIGNATURE OF APPLICANT:	DATE: