

APPLICATION FOR NON-RESIDENTIAL AND MULTI-FAMILY PLUMBING SYSTEM PERMIT

WORKSHEET FOR FEES TO BE PAID

Submit one application for each building or structure. Please print or type.
 All sections must be completed. Refer to the instruction for completing this application.

Submission Date: _____ Approval Date: _____ Permit #: _____

Instructions:

1. List exact title of project or name of business.
2. Provide specific address and location including tenant space building floor number, suite numbers.
3. List crossroads, landmarks or any other direction guidelines.
4. Refer to OBC Chapter 2 for definitions.
5. List current use group and occupancy type if submission is an existing building. Otherwise, list N/A and move on to 6. (See Reference Information Sheet)
6. Transcribe from plans or refer to OBC 302.1 for use group and occupancy type. (See Reference Information Sheet)
7. Designer's name and address
8. Provide owner name, their address, telephone. All correspondence will be sent to the contractor or agent.
9. Provide occupant name and telephone.
10. List the count of each fixture to be included in this project.
11. Total fixture count.
12. Complete for permits being paid separately from general building permit.
13. Complete for permits for appliance replacement only.
14. Complete for permits if 12 or 13 do not apply.
15. Total from 12, 13 or 14 multiplied by 3% Board of Building Standards fee.
16. Total of 12, 13, 14, and 15.
17. Complete all information and agent or contractor must sign. Permits will not be issued without proper signature.

1.	Name of Project:							
2.	Exact address of project:							
3.	Township, Village, City							
4.	Nature of Project	New	Alteration	Addition	5.	Current Use Group:	6.	Proposed Use Group:
7.	Designer's Name & Address:							
8.	Owner of Project:						Phone:	
Address:			City:			State:		Zip:
9.	Occupant:						Phone:	
10.	Fixture	Count	Fixture	Count	Fixture	Count	Fixture	Count
	Air Admittance Valves		Interceptors, Garage/Oil		Sinks, Food Prep			
	Aspirators		Interceptors, Grease		Sinks, Mop			
	Autopsy Tables, Morgue		Interceptors, Sand		Sinks, Surgical			
	Backflow Devices		Lavatories		Sinks, X-Ray			
	Bidets		Piping Systems, Sanitary		Sterilizers			
	Dental Cuspidors		Piping Systems, Storm		Sump - Pumps			
	Dental Lavatories, Chair		Piping Systems, Water		Tubs, Bath			
	Dilution Sumps		Sewage/Ejectors		Tubs, Laundry			
	Drains, Floor		Shampoo Bowls		Urinals			
	Drains, Roof Storm		Showers		Valves, Pressure Reducer			
	Expansion Tanks		Sinks, Bar		Valves, Tempering			
	Fountains, Baptismal		Sinks, Chemical		Washers, Automatic Cloths			
	Fountains, Drinking		Sinks, Clinical		Washers, Bed Pan			
	Fountains, Soda		Sinks, Kitchen		Washers, Dish			
	Fountains, Wash		Sinks, Floor		Washers, Eye (Emergency)			
	Garbage Disposals		Sinks, Instrument		Water Closets			
	Hose Bibbs, Outside		Sinks, Laboratory		Water Heaters - New			
	Hot Water Dispensers		Sinks, Pharmacy		Interior Gas Lines			
	Hydrotherapy Baths		Sinks, Plaster		Water Softener			
	Ice Makers		Sinks, Scullery		Other			

11.	TOTAL FIXTURE COUNT:		
12.	Processing Fee \$200.00	\$	17. AGENT OR CONTRACTOR INFORMATION
	Total fixture count times \$20.00	\$	Phone Number:
	Plan Review Fee \$200.00	\$	Company Name:
	Complete below if the above fees do not apply:		Address:
13.	Inspection for replacement of fixture \$25.00	\$	Agent or Contractor Name:
14.	Replace hot water heater/ Backflow Assembly \$30.00	\$	SIGNATURE:
15.	Special inspection not requiring plans \$100.00 each – list number of inspections needed _____	\$	
16.	3% BBS fee times above Total or inspection fees	\$	
18.	TOTAL PLUMBING FEES	\$	