RESIDENTIAL
PLUMBING PERMIT APPLICATION

CITY OF DEFIANCE
BUILDING INSPECTION
631 PERRY STREET SUITE 101
DEFIANCE, OHIO 43512
419-784-2195

RECEIPT NO._____ CHECK NO._____ PERMIT NO._____

JOB ADDRESS: _____

ESTIMATED COST OF PROJECT . . . . . $_____

NEW CONSTRUCTION ( ) ADDITION ( ) ALTERATION ( )

TYPE OF EQUIPMENT	NUMBER	FEE
NEW DWELLING - Base	X $ 40.00	
Plus cost per fixture/trap	X $ 7.50	
ADDITION - Base	X $ 50.00	
Plus cost per fixture/trap	X $ 7.50	
ALTERATION	X $ 30.00	
WATER CLOSETS		
LAVATORIES		
BATHTUB/SHOWER		
KITCHEN SINK		
LAUNDRY TRAY		
SUMPS		
FLOOR DRAIN		
GAS LINE	X $ 30.00	
WATER HEATER	X $ 30.00	
RE-INSPECTIONS	X $ 30.00	

SUBTOTAL	

***RESIDENTIAL ADD 1% SURCHARGE FOR STATE OF OHIO . . . . ._____**

TOTAL FEE . . . . . ._____

OWNER_____ **CONTRACTOR_____**

ADDRESS_____ **State of Ohio License #: _____**

CSZ_____ **License Expiration Date: _____**

PHONE NO._____ **PHONE NO._____**

THIS APPLICATION IS SUBMITTED FOR A PERMIT TO ERECT, ADD TO, ALTER OR REPAIR A STRUCTURE AS DESCRIBED IN THIS APPLICATION AND ANY DRAWINGS, WHICH ACCOMPANY IT. THE ACCEPTANCE OF THE PERMIT SHALL BE CONSIDERED AN AGREEMENT OT THE PART OF THE APPLICANT OR HIS AGENT TO COMPLY WITH THE BUILDING AND ZONING CODES OF THE CITY OF DEFIANCE, OR OTHER ORDERS, REQUIREMENTS OR SPECIFICATIONS STATED IN THE PERMIT.

_____ _____ _____
APPLICANT'S SIGNATURE **PRINT NAME** **DATE**

_____ _____
INSPECTOR **DATE**