

**Commercial PLUMBING PERMIT APPLICATION**  
 CITY OF MAUMEE - DIVISION OF INSPECTION / VILLAGE OF HOLLAND  
 400 CONANT STREET, MAUMEE, OH 43537  
 419-897-7075 / 419-897-7182 (FAX) / INSPECTION@MAUMEE.ORG

JOB LOCATION \_\_\_\_\_

DESCRIPTION OF PROJECT \_\_\_\_\_

	[ ] City of Maumee	[ ] Village of Holland	
	NUMBER	FEE	COST
Water Closets	_____		
Lavatories	_____		
Bathtubs	_____		
Showers	_____		
Kitchen Sink	_____		
Garbage Disposal	_____		
Dishwasher	_____		
Laundry Trays	_____		
Washing Machines	_____		
Drinking Fountains	_____		
Service Sinks	_____		
Bar Sink	_____		
Sump Pumps	_____		
Scullery Sink (3 compartment)	_____		
Urinals	_____		
Floor Drains	_____		
Interceptor	_____		
Back Flow Preventer	_____		
Sewage Ejectors	_____		
Trench Drains	_____		
Water Heater	_____		
Other: _____	_____		
	<b>Base Rate:</b>	<b>\$175.00</b>	<b>= _____</b>
<b>Total # of Fixtures</b>	_____ x	<b>\$10.00</b>	<b>= _____</b>
<b>Underground only</b>		<b>\$75.00</b>	<b>= _____</b>
<b>Gas-Pressure Piping</b>		<b>\$100.00</b>	<b>= _____</b>
<b>Appliance/Connection over 3</b>	_____ x	<b>\$10.00</b>	<b>= _____</b>
<b>Minor Work</b>		<b>\$175.00</b>	<b>= _____</b>
		<b>Subtotal</b>	<b>= _____</b>
		<b>State of Ohio 3% Surcharge (REQUIRED)</b>	<b>= + _____</b>

**\*ESTIMATED TOTAL COST OF PROJECT:**  
 \$ \_\_\_\_\_

The applicant certifies that all information is correct, and the pertinent ordinances will be complied with in performing the work which this permit is issued.

**Balance Due** \$ \_\_\_\_\_

Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Signature \_\_\_\_\_

Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Signature \_\_\_\_\_