



Project Address \_\_\_\_\_ Permit No. \_\_\_\_\_

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**SCHEDULE OF PERMIT FEES**

		<b>Qty.</b>	<b>Fee</b>
<b>NEW BUILDING</b>	Base fee .....	_____	_____
	Plus.....	_____	_____

Commercial Buildings with less than 10 fixtures..... Base fee plus line items below.  
Square footage fee does not included laterals. All laterals must be listed below.

**ADDITIONS, MODIFICATIONS AND MISC ITEMS**

<b>Qty.</b>	<b>Item</b>	<b>Ea.</b>	<b>Fee</b>	<b>Qty.</b>	<b>Item</b>	<b>Ea.</b>	<b>Fee</b>
_____	Automatic washer	\$5.00	_____	_____	Manhole	\$10.00	_____
_____	Sink, dishwasher, disposal	5.00	_____	_____	Catch basin	5.00	_____
_____	Water closet, lavatory, urinal	5.00	_____	_____	Sprinkler head	.50	_____
_____	Laundry tray	5.00	_____	_____	Sanitary building drain	10.00	_____
_____	Bath tub/shower	5.00	_____	_____	<i>over 75 ft. (addl. per ft.)</i>	.35	_____
_____	Hot tub/spa/whirlpool	10.00	_____	_____	Storm building drain	10.00	_____
_____	High-pressure boiler	25.00	_____	_____	<i>over 75 ft. (addl. per ft.)</i>	.35	_____
_____	Drinking fountain, sillcock	5.00	_____	_____	Sanitary sewer lateral	25.00	_____
_____	Floor drain, sight drain	5.00	_____	_____	<i>over 100 ft. (addl. per ft.)</i>	.35	_____
_____	Water heater, water softener	5.00	_____	_____	Storm sewer lateral	25.00	_____
_____	Sump pump, ejector or pump	5.00	_____	_____	<i>over 100 ft. (addl. per ft.)</i>	.35	_____
	Subtotal		_____	_____	Water lateral	25.00	_____
				_____	<i>over 100 ft. (addl. per ft.)</i>	.35	_____
				_____	Other	25.00	_____

**TOTAL LINE ITEMS** \_\_\_\_\_

**BASE FEE**

**+ \$30.00**

**GRAND TOTAL DUE**



Fire Sprinkler Review: \$150 for areas less than 5,000 sq. ft.  
Fire Sprinkler Review: \$300 for areas greater than 5,000 sq. ft.  
Re-inspection fee: \$75

**IF WORK IS STARTED BEFORE PERMIT IS ISSUED, FEES ARE DOUBLE.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ License No. \_\_\_\_\_

Approved by: Director of Inspection Services \_\_\_\_\_

Date \_\_\_\_\_