



CUYAHOGA COUNTY BOARD OF HEALTH

Your Trusted Source For Public Health Information

2026 Plumbing Plan Review and Permit Application Form

Choose One: ☐ Permit Application Only ☐ Plan Review Only ☐ Permit Application & Plan Review Submittal

Nature of Project: ☐ New Building Construction ☐ Addition to Existing Building ☐ Alteration
☐ Replacement ☐ Finish Basement ☐ Hot Water Tank Only

Water Source: ☐ Public Water ☐ Private Water (Well)

Wastewater Treatment: ☐ Public Sewer ☐ Semi-Public Sewage System ☐ Household Sewage System

Complete This Section For Both Residential and Commercial Applications:

Name of Project / Development			
Street Address / Exact Location		City	Zip
Property / Building Owner		Contact Name (if different than owner)	
Owner Address (if different than above)		City	State Zip
Phone	Cell	Fax	E-mail
Number of pages in each set of drawings submitted (if applicable)		Date of Drawings	# of Stories

Complete This Section For Commercial (Non-Residential) Applications Only:

Name of Business Owner / Operator			
Mailing Address (if different than property address)		City	State Zip
Phone	Cell	Fax	Email

Complete This Section For Both Residential and Commercial Applications:

Name of Plumbing Company		Registration Number	
Address		Phone	
City		State	Zip
<p>I hereby certify that I am the (select one) <input type="checkbox"/> Owner of the Building <input type="checkbox"/> Agent for the Owner of the Building</p> <p>All information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.</p> <p>_____ Printed Name</p> <p>_____ Signature</p> <p>_____ Date</p>			

OFFICE USE ONLY

Date Issued _____ Plan Approval / Permit Number _____ By _____
Log-in number _____ \$ Fee Amount Paid (from worksheet) _____

Plumbing Plan Review and Permit Worksheet

Table A – Plan Review Fees (If no permit fees are being submitted, complete only Table A)

Plan Review Only - Residential	<input type="checkbox"/> \$60 1 – 20 Fixtures <input type="checkbox"/> \$70 21 or more Fixtures
Plan Review Only - Commercial	<input type="checkbox"/> \$150 1 – 20 Fixtures <input type="checkbox"/> \$200 21 or more Fixtures

Table B – Basic Permit Fees

Basic Permit Application Fee (No Fixtures Included – Fixtures Are Shown In Table C Below)	<input type="checkbox"/> \$100 Residential <input type="checkbox"/> \$200 Commercial
Reinspection Fee (If Deemed Necessary by Inspector)	<input type="checkbox"/> \$50 Residential <input type="checkbox"/> \$100 Commercial
Hot Water Tank Only (No Plan Review Necessary)	<input type="checkbox"/> \$60

Table C – Permit Fees (Fixture Detail)

Fixture	Count	Fixture	Count	Fixture	Count
Air Admittance Valve		Hose Bibb Applied VB		Shampoo Bowl	
Air Hammer Arrestor		Hot Water Recirculation System		Shower	
Automatic Clothes Washer		Hub Drain		Sink – 3 Compartment	
Bath Tub		Ice Bin		Sink, Bar	
Backflow Device		Ice Machine (Not within a refrigerator)		Sink, Exam Room	
Back Water Valve		Indirect Waste Connection		Sink, Kitchen	
Beverage Machines		Interceptors, Garage/Oil		Sink, Floor	
Clean outs		Interceptors Solid		Sink, Hand Washing	
Coffee Maker		Interceptor Grease		Sink, Utility / Service	
Dish Washer		Laundry Tub		Sink, Food Prep	
Drains, Roof Storm		Lavatory		Steamer	
Drains, Secondary, Roof		Pedicure Chair		Sump-Pump	
Expansion Tank		Piping System, Sanitary		Tempering Valve	
Eye Washer/Emergency Shower		Piping System, Storm		Trap Primer	
Floor or Trench Drain		Piping System, Water		Urinals	
Food Cooler Connection		Plaster Trap		Water Closet	
Fountain, Drinking		Pressure Reducer Valve		Water Filter/Treatment	
Fountain, Drinking - Free Standing		Remove & Cap Fixture		Water Heater	
Garbage Disposal		Scupper		Whirlpool Tub	
Hose Bibb		Sewage/Ejector		Other _____	

Total Fees	Total Fees From Table A (Plan Review Fees) = \$ _____
	Total Fees From Table B (Basic Permit Fees) = \$ _____
RESIDENTIAL - Total Fees From Table C (Total Number of Fixtures _____ x \$10) = \$ _____	
COMMERCIAL - Total Fees From Table C (Total Number of Fixtures _____ x \$15) = \$ _____	
Total Fees Remitted = \$ _____	