



PLUMBING PERMIT FEE SCHEDULE

Date: _____
 Job Address: _____
 Contractor: _____
 Owner: _____

	Each	X	Quantity	=	Total
Water Closet	5.00				
Bathtub	5.00				
Lavatory / Wash Basin	5.00				
Separate Shower	5.00				
Kitchen Sink / Disposal	5.00				
Dishwasher	5.00				
Laundry Sink	5.00				
Washing Machine	5.00				
Water Heater	5.00				
Urinal	5.00				
Drinking Fountain	5.00				
Floor Sink or Drain	5.00				
Mop Sink	5.00				
Water Line	30.00				
Sewer Line	30.00				
Vent	5.00				
Grease Trap	5.00				
Backflow	5.00				
Re-Inspection Fee	50.00				
Technology Fee	7.00		1		7.00
Minimum Fee	30.00		1		30.00

***Working without a permit is DOUBLE the permit fee.**

Total: \$ _____