

PLUMBING PERMIT APPLICATION



1550 Sheridan Dr., Suite 100<> Lancaster, Ohio 43130 Phone:
(740) 652-2800 Option 3 Fax: (740) 653-8556

| | | | |
|----------------|--|-----------|--|
| DATE ISSUED | | PERMIT # | |
| PLANS APPROVED | | RECEIPT # | |
| JOB ADDRESS | | | |
| OWNER'S NAME | | | |
| ADDRESS | | | |
| CITY | | PHONE | |

| | | |
|-------------|------------------------------|-----------------------------------|
| BUILDING | NEW <input type="checkbox"/> | EXISTING <input type="checkbox"/> |
| TOWNSHIP | | |
| SUBDIVISION | | |

| Fixtures | Count | Fixtures | Count | Fixtures | Count |
|--------------------------|-------|--------------------------|-------|--------------------------|-------|
| Air Admittance Valves | | Ice Makers | | Sinks, Plaster | |
| Aspirators | | Interceptors, Garage/Oil | | Sinks, Scullery | |
| Autopsy Tables, Morgue | | Interceptors, Grease | | Sinks, Food Prep | |
| Backflow Devices | | Interceptors, Sand | | Sinks, Mop | |
| Bidets | | Lavatories | | Sinks, Surgical | |
| Dental Cuspidors | | Piping Systems, Sanitary | | Sinks, X-ray | |
| Dental Lavatories, Chair | | Piping Systems, Storm | | Sterilizers | |
| Dilution Sumps | | Piping Systems, Water | | Sump-Pumps | |
| Drains, Floor | | Sewage/Ejectors | | Tubs, Bath | |
| Drains, Roof Storm | | Shampoo Bowls | | Tubs, Laundry | |
| Expansion Tanks | | Showers | | Urinals | |
| Fountains, Baptismal | | Sinks, Bar | | Valves, Pressure Reducer | |
| Fountains, Drinking | | Sinks, Chemical | | Valves, Tempering | |
| Fountains, Soda | | Sinks, Clinical | | Washers, Automatic | |
| Fountains, Wash | | Sinks, Domestic | | Washers, Bed Pan | |
| Garbage Disposals | | Sinks, Floor | | Washers, Dish | |
| Hose Bibbs, Outside | | Sinks, Instrument | | Washers, Eye (Emergency) | |
| Hot Water Dispensers | | Sinks, Laboratory | | Water Closets | |
| Hydrotherapy Baths | | Sinks, Pharmacy | | Water Heaters | |
| | | | | Water Softeners | |

***THREE (3) SETS
OF PLANS MUST BE
SUBMITTED WITH
THIS APPLICATION**

***NO
PORTION OF ANY
BUILDING SHALL BE
OCCUPIED UNTIL
FINAL
AIR TEST AND ALL
INSPECTIONS
HAVE BEEN MADE
AND APPROVED**

ISOMETRIC DRAWING (GRID ON REVERSE SIDE) MUST BE SUBMITTED WITH THIS APPLICATION AND APPROVED BEFORE PERMIT IS ISSUED. PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE.

A reinspection fee of \$75.00 will be assessed when a reinspection is done. A late fee of \$95.00 will be assessed if residential plumbing work begins prior to obtaining a permit. A late fee of 25% of the total fee will be assessed if commercial plumbing work begins prior to obtaining a permit.

| | | |
|---|----------|---------|
| <input type="checkbox"/> RESIDENTIAL | | |
| TOTAL NUMBER OF FIXTURES | | |
| APPLICATION FEE | | \$76.00 |
| NUMBER OF FIXTURES X \$15.00 | | |
| RESIDENTIAL PLAN REVIEW 2-20 FIXTURES | \$51.00 | \$ |
| 21-40 | \$76.00 | \$ |
| 41-60 | \$100.00 | \$ |
| 61-100 | \$126.00 | \$ |
| 100+ | \$190.00 | \$ |
| TOTAL | | \$ |

| | |
|--|----------|
| <input type="checkbox"/> COMMERCIAL | |
| TOTAL NUMBER OF FIXTURES | |
| APPLICATION FEE | \$253.00 |
| NUMBER OF FIXTURES X \$25.00 | \$ |
| COMMERCIAL PLAN REVIEWS | \$253.00 |
| TOTAL | \$ |

COMMENTS:

The undersigned hereby applies for a permit to do plumbing conforming to and for the inspection thereof as provided in Sec. 3703-99, inclusive of the Ohio Revised Code, and the Ohio Plumbing Code.

| | | | |
|------------------------|--|--------|--|
| APPLICANT NAME | | | |
| ADDRESS | | | |
| CITY | | REG. # | |
| PHONE# | | DATE | |
| SIGNATURE OF APPLICANT | | | |

| | |
|---------------|--|
| EMAIL ADDRESS | |
|---------------|--|

