

# 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 | \$      |
| <b>TOTAL</b>                          |          | \$      |

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

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 |  |
|---------------|--|

