

Isometric Drawing
Required



All new addresses contact the
GIS Department at
(740) 455-7195

Residential Application for Plumbing Permit/Plan Review

Applicant: check one Plumbing Contractor Homeowner

Permit No.	Date Received
Name/Company	
Address (number & street)	
City	State Zip
Phone Number	Plumbing Contractor Registration No.

I agree to install the plumbing in accordance with the plans as approved by the Board of Health.
I further agree to call for inspection(s) as required by the Board section 4101:3-1 thru 4101:3-13 O.A.C.

Signature of Plumbing Contractor/Homeowner _____

Job Site Information

Street Address of Job		
City	Township	
Building Owner's Name		Phone No.
Building Owner's Address		
City	State	Zip
Building Type:		
<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Apartments <input type="checkbox"/> Home		

Inspections

Underground _____

Rough In _____

Final Insp. _____

Comments _____

Water Temps Inspector _____ Witness _____

W.H. _____ Water Pressure # _____

Lav _____

Sho _____

Bath Tub _____

Reinspection fee.....(must be paid before final).....\$50.00

Application fee.....\$ 50.00

Total fixture count from above: _____ X \$15.00.....\$ _____

Plan review fee.....:.....\$ _____

Penalty for Installing Plumbing Prior to Permit (\$150.00 Penalty)...\$ _____

Total Plumbing Fees by totaling entries from above.....\$ _____

Permits left dormant for more than one year are subject to review and revocation

