

PLUMBING PERMIT APPLICATION

FAIRFIELD DEPARTMENT OF HEALTH



Public Health
Prevent. Promote. Protect.
Fairfield Department of Health

1550 Sheridan Dr., Suite 100<> Lancaster, Ohio 43130

DATE ISSUED		PERMIT #	
PLANS APPROVED		RECEIPT #	

JOB ADDRESS			
OWNER'S NAME			
ADDRESS			
CITY		PHONE	

Phone: (740) 652-2813 Fax: (740) 653-8556

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 \$64.00 will be assessed when a reinspection is done.
A late fee of \$95.00 will be assessed if plumbing work begins prior to obtaining a permit.

<input type="checkbox"/> RESIDENTIAL		
TOTAL NUMBER OF FIXTURES		
APPLICATION FEE		\$76.00
NUMBER OF FIXTURES X \$14.00		
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	
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