

**DEPARTMENT OF PUBLIC HEALTH
219 E. MARKET ST.* P.O. BOX 1503*LIMA, OH 45802-1503
PHONE 419-228-4457*FAX 419-224-4161**

CHECK# _____
CASH _____
REC.# _____

**APPLICATION AND PERMIT TO DO PLUMBING
(Valid one year from date of issuance)**

Date _____
Permit# _____

COMMERCIAL GENERAL LIABILITY INSURANCE: () YES () NO

INSTRUCTIONS:

- (1) An application and a permit is required for each building. (2) Plans and isometric drawings must be submitted with application unless previously approved. (3) Complete all pertinent sections of this form and return to this department accompanied by the total fee calculated on this application. (4) Plumbing **is not** to be installed prior to permit issue. (5) Not valid until permit number is assigned.

OWNER'S NAME _____ PHONE NO. _____
CURRENT ADDRESS _____ ZIP CODE _____
SITE ADDRESS _____
TOWNSHIP _____ CITY/VILLAGE _____ ZIP CODE _____

USE TYPE: () 1 () 2 () 3 FAMILY DWELLING () COMMERCIAL BLDG. () OTHER _____
WATER: () PRIVATE WELL () MUNICIPAL WATER **SEWAGE:** () PRIVATE SYSTEM () SANITARY SEWER

FIXTURES	APPLIANCES	DEVICES
BATH TUB/SHOWER _____	EYE WASH STAT. _____	BACKFLOW PREVENTER _____
BATH TUB-WHIRLPOOL _____	DISHWASHER _____	BACKWATER VALVE _____
BIDET _____	GARBAGE DISPOSAL _____	DRAIN, FLOOR _____
LAVATORY _____	WASHING MACHINE _____	DRAIN, ROOF _____
SHOWER STALL _____	WATER FILTER _____	GREASE TRAPS _____
SINK, KITCHEN _____	WATER HEATER _____	OIL INTERCEPTER, GARAGE _____
SINK, LAUNDRY _____	WATER SOFTENER _____	SAND TRAP _____
SINK, MOP-FLOOR _____	DRINKING FOUNTAIN _____	TRAP PRIMER/SEAL _____
SHAMPOO BOWL _____	WATER LINES _____	SUMP, CLEAR WATER _____
TOILET _____	3-COMPART. SINK _____	SUMP, SEWAGE _____
URINAL _____	FOOD PREP SINK _____	TRENCH DRAIN _____
PHARMACY SINK _____	ICE MAKER _____	DILUTION SUMPS _____
PLASTER SINK _____	SCULLERY SINK _____	EXPANSION TANK _____
HANDWASH SINK _____	FOOT SPA _____	AIR ADMITTANCE VALVE _____
TOTAL _____	TOTAL _____	TOTAL _____

FEES

PLAN REVIEW FEE -----	\$ _____
PERMIT FEE -----	\$ 25.00
LATE FEE -----25%-----	\$ _____
# () UNITS X \$16.00 -----	\$ _____
TOTAL	\$ _____

APPROVAL DATES

PLAN REVIEW BY _____
PERMIT APPROVED BY _____
REINSPECTION FEE \$ _____

PLAN REVIEW FEES: (0 – 20) FIXTURES \$30.00 (21 – 40) FIXTURES \$100.00 (41 PLUS) FIXTURES \$200.00
(ONLY REQUIRED FOR COMMERCIAL JOBS, MULTI FAMILY DWELLINGS AND HOMEOWNERS DOING THEIR OWN PLUMBING)
LATE FEE 25% OF PLAN REVIEW, PERMIT AND UNIT COSTS
REINSPECTION FEE \$50.00

We the undersigned hereby apply for a permit to install plumbing in compliance with Chapter 4101:3-1 to 4101:3-13 Ohio Building Code, and Plumbing Regulation adopted by the Combined Allen County General Health District Board of Health, and further agrees to request roughing-in and final inspection and perform necessary tests in the presence of a Plumbing Inspector, of this department, **prior to building occupancy.**

CONTRACTOR/BUSINESS NAME _____ PHONE NO. _____
LICENSED PLUMBERS SIGNATURE _____ DATE _____
OWNER _____ DATE _____

TELEPHONE FOR INSPECTIONS/CONSULTATIONS: 8:00 – 9:00 A.M., 1:00 – 2:00 P.M. AND 4:00 – 4:30 P.M. MONDAY – FRIDAY

INSPECTIONS

Underground by: _____ Date _____ By: _____ Date _____ By: _____ Date _____
Rough-in by: _____ Date _____ By: _____ Date _____ By: _____ Date _____
Final Inspection _____ Date _____ By: _____ Date _____ By: _____ Date _____