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 _____
CC_____

RESIDENTIAL PERMIT APPLICATION

(Valid one year from date of issuance)

Date _____

Permit#_____

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 _____

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	_____	SODA FOUNTAIN	_____	**TOTAL**	_____
		TOTAL	_____		

FEES

PLAN REVIEW FEE ---------- $_____
PERMIT FEE ---------- $ 50.00
LATE FEE ---------25%---------- $ _____
( ) UNITS X $25.00 --------$ _____
TOTAL $ _____

APPROVAL DATES

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

PLAN REVIEW FEES: (0 – 20) FIXTURES $40.00 (21 – 40) FIXTURES $125.00 (41 PLUS) FIXTURES $250.00
(ONLY REQUIRED FOR HOMEOWNERS DOING THEIR OWN PLUMBING)
LATE FEE 25% OF PLAN REVIEW, PERMIT AND UNIT COSTS **REINSPECTION FEE $75.00**

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 Combined 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. _____

PRINT LICENSED PLUMBERS NAME_____ DATE _____

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

NO PART OF ANY PLUMBING SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED, TESTED AND APPROVED.

Call for final inspection when job is complete and before occupancy.

INSPECTION FEE: There will be a $75.00 charge for each partial inspection. A partial inspection is any underground, rough, or final inspection that involves a portion or portions of the full plumbing system.

ALL FEES MUST BE PAID PRIOR TO SCHEDULING THE FINAL INSPECTION.

INSPECTIONS

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