

OFFICE USE
PERMIT # _____
APPROVED _____
CHECK # _____
RECEIPT # _____

PLUMBING PERMIT
ROSS COUNTY HEALTH DISTRICT
475 WESTERN AVE, SUITE 3A
CHILLICOTHE, OHIO 45601
(740)775-1158 FAX (740)779-9615

NAME OF JOB: _____ OWNER NAME: _____

JOB ADDRESS: _____ ADDRESS: _____

CITY/STATE: _____ CITY/STATE: _____

PHONE: _____ PHONE: _____

BUILDING TYPE: NEW EXISTING (CIRCLE ONE)

BUILDING USE: _____

NAME OF REGISTERED PLUMBER: _____

PLEASE READ THIS INFORMATION:
Permits left dormant for more than one year are subject to review and revocation.
A reinspection fee of \$50.00 will be assessed whenever a reinspection or extra inspection is necessary.
Isometric drawings should be submitted with this application and approved before a permit is issued.
No portion of any building should be occupied until final air tests and inspections have been made and approved.

The undersigned hereby applies for a permit to do plumbing conforming to and for the inspection thereof as provided in Section 3703-99, inclusive of the Revised Code and the Ohio Administrative Code 4101:2-51.

APPLICANT'S NAME: _____ PHONE: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S SIGNATURE: _____

Permits requiring three (3) or more fixtures must complete worksheet A.

3 OR MORE FIXTURES

TOTAL FROM WORKSHEET A \$ _____

OR

1-2 FIXTURES

BASE FEE \$65.00 _____

_____ FIXTURES X \$20.00 \$ _____

TOTAL PERMIT FEE \$ _____