



COMMERCIAL APPLICATION FOR INSPECTION OF PLUMBING

PLEASE MAKE CHECKS PAYABLE TO: GEUGA PUBLIC HEALTH

Date: _____ Permit No. _____

The undersigned applies for a permit to do plumbing and have inspections of same at the following location and in accordance with 4101:3-13-15 of the Ohio Administrative Code with authority from Section 3707.01 and 3709.21 of the Ohio Revised code.

This application must be completed and returned to Geauga Public Health prior to starting work, accompanied by a full set of architectural drawings with isometrics and a fee calculated upon the following basis:

| | |
|--|--------------|
| Application for permit. | \$ 230.00 |
| Plan Review | \$ 75.00 |
| \$10.00 for each trap, fixture or device | \$ _____ |
| Total . . . \$ | _____ |

Property Address: _____ Township: _____

Owner's Name: _____ Builder's Name: _____

Building Purpose: _____ New Remodel Addition
 Sanitary Sewers Sewage Tanks Water System: Private Public

OF WHAT MATERIALS DO THE FOLLOWING CONSIST:

Building drain? _____ Waste & vent pipes? _____ Water piping? _____

| | |
|-------------------|--|
| Bar Sink | |
| Bath Tub | |
| Chemical Sink | |
| Dish Washer | |
| Drinking Fountain | |
| Food Preparation | |
| Garbage Disposal | |
| Kitchen Sink | |
| Laundry Sink | |

| | |
|-----------------------|---|
| Lavatory Sink | |
| Pot Sink | |
| Service Sink | |
| Stall Shower | |
| Urinals | |
| Washing Machine | |
| Water Closet (toilet) | |
| Backflow | 1 |
| Dilution Sump | |

| | |
|--------------------|--|
| Floor Drain | |
| Garage Catch Basin | |
| Garage Interceptor | |
| Grease Interceptor | |
| Water Heater | |
| Roof Drain | |
| Sewage Ejector | |
| Sump Pump | |
| Wash Fountain | |

| | |
|----------------------|---|
| Water Cond. Equip. | |
| Water Dist. Lines | 1 |
| Air Admittance Valve | |
| Floor Sink | |
| Hand Sink | |
| Mop Sink | |
| Misc. | |
| Misc. | |
| GRAND TOTAL | |

BE SURE TO HAVE STACKS READY BEFORE CALLING FOR INSPECTION.
 PERMIT IS VALID UNTIL JOB IS COMPLETED OR ONE (1) YEAR, WHICHEVER COMES FIRST.

Contractor's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

..... **DO NOT WRITE BELOW THIS LINE.**

UNDERGROUND

ROUGH

FINAL

Permit covers three (3) inspections. Additional inspections will incur a \$75.00 charge each.