



COMMERCIAL APPLICATION FOR INSPECTION OF PLUMBING
PLEASE MAKE CHECKS PAYABLE TO: GEAUGA 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		Lavatory Sink		Floor Drain		Water Cond. Equip.	
Bath Tub		Pot Sink		Garage Catch Basin		Water Dist. Lines	1
Chemical Sink		Service Sink		Garage Interceptor		Air Admittance Valve	
Dish Washer		Stall Shower		Grease Interceptor		Floor Sink	
Drinking Fountain		Urinals		Water Heater		Hand Sink	
Food Preparation		Washing Machine		Roof Drain		Mop Sink	
Garbage Disposal		Water Closet (toilet)		Sewage Ejector		Misc.	
Kitchen Sink		Backflow	1	Sump Pump		Misc.	
Laundry Sink		Dilution Sump		Wash Fountain		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.