

**Plumbing Permit
Application**

Licking County Health Department
675 Price Road
Newark, Ohio 43055
Phone: 740-349-6535
Fax: 740-349-6935
environmental@lickingcohealth.org

DATE ISSUED		PERMIT #	
PLANS APPROVED		PAYMENT/DATE	
	APPROVED BY	DATE(S)	
STORM DRAIN/WLS			
UNDERGROUND			
ROUGH-IN			
FINAL			
RE-INSPECTION DATE(S)			

PERMITS LEFT DORMANT FOR MORE THAN ONE YEAR ARE SUBJECT TO REVIEW AND REVOCATION

JOB ADDRESS			
JOB CITY		ZIP	
OWNER/BUSINESS NAME			
OWNER ADDRESS			
OWNER CITY		ZIP	

BUILDING	<input type="checkbox"/> NEW	<input type="checkbox"/> OLD
TOWNSHIP/CITY		
SUBDIVISION		

BACKFLOW PREVENTER		LAVATORIES		WASHING MACHINE	
BAR SINK		AIR ADMITTANCE VALVE		WATER CLOSET (TOILET)	
BATH TUB		MOP SINK		WATER DISTRIBUTION	1
DISHWASHER		ROOF DRAINS		WATER HEATER	
FLOOR DRAIN		SEWAGE EJECTOR		WATER SOFTENER	
GARBAGE DISPOSAL		SHAMPOO BOWLS		DRINKING FOUNTAIN	
ICE MACHINE/MAKER		SHOWERS		WATER LINE SERVICE	
INDIRECT WASTE		SINK		OTHER	
INTERCEPTOR		SODA DISPENSING			
LAUNDRY TUB		URINAL			

1) A RE-INSPECTION FEE OF \$100.00 WILL BE ASSESSED WHENEVER A RE-INSPECTION IS NECESSARY.

2) A LATE FEE OF 50% OF THE PERMIT WILL BE ASSESSED IF PLUMBING WORK BEGINS PRIOR TO OBTAINING A PERMIT.

3) ISOMETRIC DRAWINGS MUST BE SUBMITTED WITH THIS APPLICATION AND APPROVED BEFORE A PERMIT IS ISSUED. SEE REVERSE SIDE OF FORM.

4) NO PORTION OF ANY BUILDING SHALL BE OCCUPIED UNTIL FINAL AIR TESTS AND ALL INSPECTIONS HAVE BEEN MADE AND APPROVED.

TOTAL # OF FIXTURES		
<input type="checkbox"/> RESIDENTIAL		
APPLICATION FEE		\$60.00
# OF FIXTURES X \$15.00		\$
<input type="checkbox"/> COMMERCIAL		
APPLICATION FEE		\$200.00
# OF FIXTURES X \$20.00		\$
COMMERCIAL PLAN REVIEW		
1-20 FIXTURES	\$50.00	
21-40	\$75.00	
41-60	\$100.00	
61-80	\$150.00	
81-100	\$200.00	
100+	\$20.00/fixture	
TOTAL		\$

The undersigned hereby applies for a permit to do plumbing conforming to and for the inspection thereof as provided in Sec. 3702-99, inclusive of the Ohio Revised Code, and the Ohio Plumbing Code.

APPLICANT NAME			
BUSINESS NAME		REG #	
ADDRESS			
CITY		ZIP	
PHONE #		DATE	
EMAIL			
SIGNATURE			

COMMENTS: