CITY OF GAHANNA

Division of Building Regulations
200 South Hamilton Road • Gahanna, Ohio 43230
(614) 342-4010 Phone • (614) 342-4100 Fax

APPLICATION FOR INSPECTION OF PLUMBING

PERMIT # _____ Date Permit Issued _____

Amount Paid _____ Application Date _____

The undersigned hereby applies for a permit to do plumbing and an inspection of same at the following location and in accord with Chapter 4101:2-51 of the Ohio Administrative Code, and all regulations of Franklin County Public Health, and ordinances of the City of Gahanna.

TO BE FILLED IN BY APPLICANT

Job Address _____ City _____

☐ New ☐ Remodel ☐ Residential ☐ Commercial

Property Owner _____

Does the sewer discharge into an individual sewage disposal system or sanitary sewer? _____

How far distant from any dwelling, well or cistern is the sewage tank? _____

What is the size of the main drain? _____

Of what material does the house drain consist? _____

	Qty.		Qty.		Qty.
Air Admittance valve		Garbage Disposal		Showers	
*Backflow Preventers		Hot Water Heater		Sterilizers	
Bath Tubs		Interceptor		Sump Pump	
Bed Pan Washers		Kitchen Sink		Trap Primer	
Bidet		Laundry Trays		Urinal	
Chemical Sinks		Lavatories		Wash Fountain	
Dental Cuspidors		Mop Sinks		Washing Machine	
Dilution Sump		Outside Faucets		Water Closets	
Dish Washers		Roof Drains		Water Lines	
Drinking Fountain		Rough-in Openings for Future		Water Storage Tank	
Floor Drains		Sewage Ejectors		Other	
Garage Catch Basin				GRAND TOTAL	

HOT WATER TANK REPLACEMENT FEE $35.00

PLEASE PRINT

APPLICANT'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBER _____ REGISTRATION CERTIFICATION # _____

ESTIMATED COST _____

*INDICATE NAME OF CERTIFIED BACKFLOW TESTER _____

INSTRUCTIONS

This blank must be properly filled out and returned to the City of Gahanna at least four days prior to the date of the FIRST INSPECTION, accompanied by a fee calculated upon the following basis:

COMMERCIAL

Application for permit & first fixture $75.00

_____ Number of remaining fixtures X $ 20.00 = ... $

Total Inspection fee . . . . . $

RESIDENTIAL

Application for permit & first fixture $60.00

_____ Number of remaining fixtures X $ 15.00 = ... $

Total Inspection fee . . . . . $

State approved modular home plumbing inspection and permit $60.00

Re-Inspection fee based upon disapproved Inspection and collected by Franklin County Public Health

MAKE CHECKS PAYABLE TO CITY OF GAHANNA

WHITE, CONTRACTOR — YELLOW, PUBLIC HEALTH — PINK, JOB SITE — GOLD, FILE COPY

PH-006-Gahanna (Rev 2/2011)