

INTERNAL	PERMIT NO. _____
	MP No. _____
	<input type="checkbox"/> No Master Permit
	RECD. BY _____ DATE: _____

PLUMBING PERMIT APPLICATION

TO REQUEST AN INSPECTION, CALL 614-525-3160

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 OAC and all regulations of Franklin County Public Health.

JOB SITE ADDRESS:	PROPERTY OWNER NAME:	PHONE NO:
<input type="checkbox"/> NEW	<input type="checkbox"/> REMODEL	<input type="checkbox"/> RESIDENTIAL
<input type="checkbox"/> COMMERCIAL		

Fixture	Count
Air Admittance Valve	
Air Hammer Arrestor	
Automatic Clothes Washer	
Backflow Preventers	
Back Water Valve	
Bath Tubs	
Bed Pan Washers	
Bidet	
Coffee Maker	
Dental Cuspidors	
Dilution Sump	
Dish Washers	
Drinking Fountain	
Drain, Floor	
Drain, Hub	
Drain, Roof Storm	
Drain, Roof Secondary	
Drain, Trench	
Expansion Tank	

Fixture	Count
Eye Washer	
Garage Catch Basin	
Hot Water Heater	
Hot Water Recirc. System	
Ice Bin	
Ice Machine (not within refrigerator)	
Interceptor, Garage / Oil	
Interceptor, Grease	
Interceptor, Solid	
Laundry Tub	
Lavatories	
Lift Station	
Pedicure Chair	
Piping System, Sanitary	
Piping System, Storm	
Piping System, Water	
Remove & Cap Fixture	
Rough In Future Fixture	
Showers	

Fixture	Count
Sink, 3 Compartment	
Sink, Bar	
Sink, Exam Room	
Sink, Floor	
Sink, Food Prep	
Sink, Hand Washing	
Sink, Kitchen	
Sink, Utility / Mop	
Sterilizers	
Sump Pump	
Tempering Valve	
Trap Primer	
Urinal	
Washing Machine	
Water Closets	
Water Storage Tank	
Whirlpool Tub	
Other	
Total Fixtures All Columns	

***** Effective January 1, 2017, Hot Water Heater Permits are charged at "Per Fixture" rates. *****

Residential Fees	
Application Fee & 1 st Fixture	\$60.00
Fixtures @ \$15.00 each \$15.00 X _____	\$
Subtotal:	\$
Ohio BBS Fee (1% of above amount)	\$
Total Due	\$

Commercial Fees	
Application Fee & 1 st Fixture	\$200.00
Fixtures @ \$ 20.00 each \$20.00 X _____	\$
Subtotal:	\$
Ohio BBS Fee (3% of above amount)	\$
Total Due	\$

Misc. Fees (For Franklin County Public Health Department Use Only)	
State Approved Modular Home Inspection	\$ 60.00
Re-Inspection Fee – Based upon Disapproved Inspections	\$100.00

Master Plumber/Homeowner			FCPH Master Plumber Registration Number		
Address			Contact Name		
City	State	Zip	Phone Number		
Signature of owner or owner's authorized agent			Email Address		

THIS FORM IS AVAILABLE TO BE SUBMITTED ONLINE: [HTTPS://OHGA.ONLAMA.COM](https://OHGA.ONLAMA.COM)