



BUILDING DIVISION
 200 S. Hamilton Road
 Gahanna, Ohio 43230
 Phone: 614-342-4010
 Fax: 614-342-4100
 Building@Gahanna.gov
 www.gahanna.gov

INTERNAL
Permit No. _____
Master No. _____
Received _____

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	Fixture	Count	Fixture	Count
Air Admittance Valve		Eye Washer		Sink, 3 Compartment	
Air Hammer Arrestor		Garage Catch Basin		Sink, Bar	
Automatic Clothes Washer		Hot Water Heater		Sink, Exam Room	
Backflow Preventers		Hot Water Recirc. System		Sink, Floor	
Back Water Valve		Ice Bin		Sink, Food Prep	
Bath Tubs		Ice Machine <small>(not within refrigerator)</small>		Sink, Hand Washing	
Bed Pan Washers		Interceptor, Garage / Oil		Sink, Kitchen	
Bidet		Interceptor, Grease		Sink, Utility / Mop	
Coffee Maker		Interceptor, Solid		Sterilizers	
Dental Cuspidors		Laundry Tub		Sump Pump	
Dilution Sump		Lavatories		Tempering Valve	
Dish Washers		Lift Station		Trap Primer	
Drinking Fountain		Pedicure Chair		Urinal	
Drain, Floor		Piping System, Sanitary		Washing Machine	
Drain, Hub		Piping System, Storm		Water Closets	
Drain, Roof Storm		Piping System, Water		Water Storage Tank	
Drain, Roof Secondary		Remove & Cap Fixture		Whirlpool Tub	
Drain, Trench		Rough In Future Fixture		Other	
Expansion Tank		Showers		Total Fixtures All Columns	

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)