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Date of Issuance	1	/	
Date of issuance	/	1	

## APPLICATION FOR A RESIDENTIAL PLUMBING PERMIT ERIE COUNTY GENERAL HEALTH DISTRICT

420 Superior Street Sandusky, Ohio 44870

Phone: 419-626-5623 Ext. 206

Fax: 419-624-3358

plumbing@eriecohealthohio.org

City/Village/Township: Building Address:		
Owners Name:		
Address:		
Telephone: Hm:	Other:	
General Contractor:		
Contact Person:		
Address:		
Telephone: Wk:	Other:	
Plumbing Contractor:		
Contact Person:		
Address:		
Telephone: Wk:	Other:	
Plumbing License ID#		

## **DESCRIPTION OF WORK TO BE PERFORMED:**

How Occupied: New Dwelling	One	Family Two Fam	ily Thr	ee Family Addition	Other
Water Supply From: _	Com	nmunity Private \	Vell In	dividual Cistern	
Waste Water Connects	з То:	_ Public Sewer Pı	rivate Septic 1	Fank On-Site Disposal S	Systems
Size of Main Drain:	_	Size of Main V	ent Stack:		
ixture	Count	Fixture	Count	Fixture	Count
Air Admittance Valves		Whirlpool Baths		Tubs, Bath	
Backflow Devices		Ice Makers		Tubs, Laundry	
Bidets		Interceptors, Garage/0	Dil	Urinals	
Orains, Floor		Lavatories		Valves, Pressure Reducer	
Expansion Tanks		Sewage/Ejectors		Washers, Cloths	
ountains, Decorative		Showers		Washers, Dish	
Garbage Disposals		Sinks, Bar		Water Closets	
Hose Bibbs, Outside		Sinks, Kitchen		Water Heaters	
Hot Water Dispensers		Sump-Pumps		Water Softener	
				TOTAL FIXTURE COUNT	
					•
	Plai	n Review Schedule: Mu	st <b>Choose O</b>	ne!	
	1 – 20	Fixtures/Traps	\$40.00		
20 – 45 Fixtures/Traps \$70.00					
46 – 80 Fixtures/Traps		\$100.00	)		
	> 80	Fixtures/Traps	\$130.00	)	
Applica	ble Plan I	Review Amount From A	bove \$		
Permit A	Application	n	\$	50.00	
Total Fi	Total Fixture Count @ \$10.00 Each =		<u>\$_</u>		
Total P	lumbing F	Permit Fees	\$		
Check #		Total Plumbing Perm	nit Fees \$		
				orized by the owner of record ar we agree to all applicable laws	