

**Perry County Health Department**  
 409 Lincoln Park Drive - P.O. Box 230  
 New Lexington, OH 43764  
 Phone: 740-342-5179 Fax: 740-342-5540

**1. ISOMETRIC DRAWING REQUIRED**

Name: \_\_\_\_\_ ( ) Plumbing Contractor

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Plumbing Contractors Registration No. \_\_\_\_\_

I agree to install the plumbing in accordance with the plans as approved by the Perry County Board of Health. I further agree to call for inspection (s) as required by the board and section 4101: 3-1 thru 4101: 3-13 of the O.A.C.

Signature of Plumbing Contractor/Homeowner \_\_\_\_\_

**PROPERTY INFORMATION:**

Location Address: \_\_\_\_\_ City: \_\_\_\_\_

Building Owners Name \_\_\_\_\_ Building Owners Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ Township: \_\_\_\_\_ Zip: \_\_\_\_\_ Sec: \_\_\_\_\_

Building Type: New ( ) Existing ( ) Apartments ( ) Home ( ) Commercial ( )

Re-inspection Fee of \$50.00	
Application for Permit.....	\$200.00
Plan Review fee per plan .....	\$200.00
Each tap or fixture, appliance or apparatus _____ x \$20.00.....	\$ _____
Penalty for Installing Plumbing Prior to Permit (\$150.00) .....	\$ _____
Total Permit Fee .....	\$ _____

**SERVICES PERFORMED**

Air admittance valve	Dishwashers	Laundry tubs	Shower stalls	
Automatic washers	Drinking fountains	Laboratories/hand sinks	Storm drains	
Backflow devices	Eye wash/emergency	Outside faucets/hosebibbs	Sump pumps	
Baptismal fountain	Floor drains	Grease Traps	Urinals	
Bar sinks	Garbage disposals	Pressure reducing valves	Water closets	
Bath tubs	Ice makers	Roof drains	Wash fountains	
Building drains	Inside water piping	Scullery/3 comp. Sinks	Water heaters	
Building sewers	Interceptor/separators	Service sinks	Water service	
Dental laboratories/chair	Kitchen sinks	Sewage injectors	Water softeners/ r.o.	
Total of First Column	Total of Second Column	Total of Third Column	Grand Total	

<b>INSPECTIONS</b>			
Underground	Water Temperatures		
_____	W.H. _____		
Rough In	Lav _____		
_____	Sho _____		
Stack Out	Water Pressure _____ PSI		
_____	5/17		
Sewer	_____		
_____	_____		
Final	_____		
_____	_____		
Date of Application:	Cash:	Check:	Receipt #: