

**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 ( ) Homeowner  
 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.....                                      | \$50.00  |
| Plan Review per fixture (see chart below) .....                  | \$ _____ |
| Each tap or fixture, appliance or apparatus _____ x \$12.00..... | \$ _____ |
| Penalty for Installing Plumbing Prior to Permit (\$150.00) ..... | \$ _____ |
| Total Permit Fee .....                                           | \$ _____ |

A 1 time homeowner permit fee \_\_\_\_\_ \$ 50.00

Plan Review 1-20 Fixtures = \$40.00 21-40 Fixtures = \$60.00 41-60 fixtures = \$80.00 61-80 fixtures = \$100.00  
 81+ fixtures = \$150.00

**SERVICES PERFORMED**

|                              |                               |                              |                       |  |
|------------------------------|-------------------------------|------------------------------|-----------------------|--|
| Air admittance valve         | Dishwashers                   | Laundry tubs                 | Shower stalls         |  |
| Automatic washers            | Floor drains                  | Laboratories/hand sinks      | Storm drains          |  |
| Backflow devices             | Garbage disposals             | Outside faucets/hosebibbs    | Sump pumps            |  |
| Bar sinks                    | Ice makers                    | Other                        | Urinals               |  |
| Bath tubs                    | Inside water piping           | Pressure reducing valves     | Toilet                |  |
| Building drains              | Interceptor/separators        | Roof drains                  |                       |  |
| Building sewers              | Kitchen sinks                 |                              | Water heaters         |  |
|                              |                               |                              | Water service         |  |
|                              |                               |                              | Water softeners/ r.o. |  |
| <i>Total of First Column</i> | <i>Total of Second Column</i> | <i>Total of Third Column</i> | <i>Grand Total</i>    |  |

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