

**PLUMBING PERMIT APPLICATION**  
**PERRY COUNTY HEALTH DEPARTMENT**  
**212 S MAIN ST P.O. BOX 230**  
**NEW LEXINGTON, OH 43764**  
**PHONE: 740-342-5179 FAX: 740-342-5540**

SITE ADDRESS:	CITY:	STATE:	ZIP:
PROPERTY OWNER:	TOWNSHIP:		
MAILING ADDRESS:	CITY:	STATE:	ZIP:
PHONE:			
COMPANY/INSTALLER:	PHONE:	CELL:	
ADDRESS:	CITY:	STATE:	ZIP:
SIGNATURE:			

**Check All That Apply**

Commercial Water Heater	\$50.00	_____
Special Inspection	\$50.00	_____

PERMIT FEE(S): \$ \_\_\_\_\_

PENALTY FOR PLUMBING PRIOR TO PERMIT ISSUANCE IS \$150.00:\$ \_\_\_\_\_

TOTAL PERMIT FEE: \$ \_\_\_\_\_

**\*\*\*\*\* PERMIT EXPIRES ONE YEAR AFTER ISSUANCE \*\*\*\*\***

**\*\*\*\*\* ALL \$50 REINSPECTION FEES MUST BE PAID IN FULL BEFORE FINAL INSPECTION \*\*\*\*\***

**FOR HEALTH DEPARTMENT USE ONLY:**

PERMIT #:	DATE RECEIVED:	DATE ISSUED:	RECEIPT:	BLDG. PERMIT #: