

NO ISOMETRIC DRAWING NO PERMIT

Perry County Health Department 409 Lincoln Park Drive - P.O. Box 230 New Lexington, OH 43764

Phone: 740-342-5179 Fax: 740-342-5540

Isometric Drawing Required

Plumbing permit applies to job location

Commercial Application for Plumbing Permit/Plan Review

| oplicant: check one 🔲 Plu | <mark>umbing Contrac</mark> | tor 🛘 Owner | | | Job Site Ir | <u>nformation</u> |
|--|-----------------------------|---------------------------------------|------------|-----------------------|--------------------|-------------------|
| Permit No. | | | | Street Address of Job | | |
| Name/Company | | | | City | | Township |
| Address (number & street) | | | | Building Ow | ner's Name | Phone No. |
| City State | | | _ | Building Ow | ner's Address | |
| one Number | Contrac | ctor Registration No. | - | City | State Z | <u></u> |
| gree to install the plumbing in accordance with irther agree to call for inspection(s) as required Signature of Plumbing | | | | Building Typ | e: New Existing | |
| Contractor/Owner | | | _ | | Water ⁻ | Temps |
| Underground | spections | | | nspector | | |
| Rough In | | | | Vitness | | |
| Stack Out | | | | | | |
| Sewer | | | | | | |
| Final | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | Bathtub | | |
| | Date of Application: | <u>Cash:</u> | Check: | | Receipt #: | |
| Pormite | loft dormant for | more than one y | (00r 0) | o subject | to review and | rovocation |
| remits | len dominant for | more triair one y | /Cai ai | e subject | to review and r | evocation. |
| Additional Notes: | | | | | | |
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| Complete job site address | Permit # |
|---------------------------|----------|
| | - - |
| Office Use Only | |

| l _ | Fixtures | No. Fixtures | 1 | Fixtures | No. Fixtures |
|-----|----------------------------|-----------------|----|-------------------------|-----------------|
| 1 | Air Admittance Valve | | 21 | Pressure Reducing Valve | |
| 2 | Automatic Washer | | 22 | Recirculating Pump/Line | |
| 3 | Backflow Devices | | 23 | Sewage Ejector | |
| 4 | Backwater Valve | | 24 | Shower Stall | |
| 5 | Bathtubs | | 25 | Custom Built Shower | |
| 6 | Bidets | | 26 | Sink, Bar | |
| 7 | Booster Pump | | 27 | Sink, Bathroom | |
| 8 | Building Drain | | 28 | Sink, Kitchen | |
| 9 | Building Sewer | 1 | 29 | Sump Pump | |
| 10 | Dishwasher | | 30 | Tempering Valve | |
| 11 | Drains, Floor /Hub | | 31 | Thermal Expansion Tank | |
| 12 | Drains, Roof | | 32 | Trap Primer | |
| 13 | Drain, Storm | | 33 | Urinals | |
| 14 | Drinking Fountain | | 34 | Toilets | |
| 15 | Garbage Disposal | | 35 | Water Heater | |
| 16 | Hose Bibb / Outside Faucet | | 36 | Water Softener/RO | |
| 17 | Ice Maker Outlet | | 37 | Water Service | |
| 18 | Inside Water Piping | 1 | 38 | Other | |
| 19 | Lawn Irrigation | | 39 | Co. Water Reinspection | |
| 20 | Laundry Tub | | | Total fixture count: | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Plumbing Fixture Worksheet

| Permits left dormant for more than one ye | ar are subject to review and revocation. |
|---|--|
| Reinspection Fee \$50.00 (must be Application fee. | · |
| Total fixture count from ab <u>ove:</u> \$ Plan review fee | |
| \$ Penalty for Installing Plumbing Prior to Permit (\$1 | 50.00 Penalty) |

Total Plumbing Fees by totaling entries from above\$

Isometric Drawing Worksheet