



RESIDENTIAL APPLICATION FOR INSPECTION OF PLUMBING
PLEASE MAKE CHECKS PAYABLE TO: GEAUGA PUBLIC HEALTH

Date: _____ Permit No. _____

The applicant is applying for a permit to do plumbing and have inspections of said plumbing in accordance with 4101:3-15 of the Ohio Administrative Code, with authority from Section 3707.01 and 3709.21 of the Ohio Revised code.

This application must be completed and returned to Geauga Public Health prior to starting work.

Application for permit \$ 120.00
Plan Review \$ 35.00
\$10.00 for each trap, fixture or device \$ _____
Total Fee \$ _____

Property Address: _____ Township: _____

Owner's Name: _____ Builder's Name: _____

New Remodel Addition Water System: Private Public Sanitary Sewers Sewage Tanks

OF WHAT MATERIALS DO THE FOLLOWING CONSIST:

Building drain? _____ Waste & vent pipes? _____ Water piping? _____

Bar Sink		Lavatory Sink		Floor Drain		Water Cond. Equip.	
Bath Tub		Stall Shower		Garage Catch Basin		Water Dist. Lines	1
Dish Washer		Urinals		Air Admittance Valve		Miscellaneous	
Garbage Disposal		Washing Machine		Water Heater		GRAND TOTAL	
Kitchen Sink		Water Closet (toilet)		Sewage Ejector			
Laundry Sink		Backflow Prevention	1	Sump Pump			

BE SURE TO HAVE STACKS READY BEFORE CALLING FOR INSPECTION.

PERMIT IS VALID UNTIL JOB IS COMPLETED OR ONE (1) YEAR, WHICHEVER COMES FIRST.

Applicant's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

..... **DO NOT WRITE BELOW THIS LINE.**

UNDERGROUND

ROUGH

FINAL

Permit covers three (3) inspections. Additional inspections will incur a \$75.00 charge each.