

RES. PERMIT NO. _____

Perry County Health Department

212 South Main Street 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	Drinking fountains	Laboratories/hand sinks	Storm drains	
Backflow devices	Eye wash/emergency	Outside faucets/hosebibbs	Sump pumps	
Baptismal fountain	Floor drains	Other	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.	
<i>Total of First Column</i>	<i>Total of Second Column</i>	<i>Total of Third Column</i>	<i>Grand Total</i>	

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