

Perry County Health Department
 121 West Brown 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 fee per plan	\$ _____
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	\$ _____

Plan Review 1-20 Fixtures \$40.00 21 + Fixtures \$60.00

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.
Total of First Column	Total of Second Column	Total of Third Column	Grand Total

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