COMM. PERMIT NO. _____

Perry County Health Department
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: _____ Zip: _____

Building Type: New ( ) Existing ( ) Apartments ( ) Home ( ) Commercial ( )

Re-inspection Fee of $50.00
Application for Permit..... $200.00
Plan review fee per plan $200.00
Each tap or fixture, appliance or apparatus _____ x $20.00 ..... $_____
Penalty for installing plumbing prior to permit ($150.00) ..... $_____
Total permit fee ..... $_____

SERVICES PERFORMED

Air admittance valve		**Drinking/other fountains**		**Lavatories/hand sinks**		**Storm drains**	
Automatic Washers		**Eye wash/emergency**		**Outside faucets/hose-bibs**		**Sump pumps**	
Backflow devices		**Floor drains**		**Grease traps**		**Tempering valves**	
Water Heater		**Garbage disposals**		**Pressure reducing valves**		**Trap primer**	
Bar sinks		**Ice makers**		**Roof drains**		**Urinals**	
Bath tubs		**Inside water piping**		**Scullery/3 comp. sinks**		**Water closets**	
Building drains		**Interceptor/separators**		**Service sinks**		**Wash fountains**	
Building sewers		**Kitchen sinks**		**Sewage injectors**		**Water Service**	
Dishwashers		**Laundry tubs**		**Shower stalls**		**Water Softeners/r.o.**	
Total of First Column		***Total of Second Column***		***Total of Third Column***		***Grand Total***	

INSPECTIONS
Underground

_____

Rough In

_____

W.H._____
Stack Out

_____

Sewer

_____

Final

_____

Revised January 2026

Water Temperatures

Lavatory _____

Shower _____

Water Pressure _____ PSI

Date of Application: **Cash:** **Check:** **Receipt #:**