RES. 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 $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 one-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

SERVICES PERFORMED

Air admittance valve		**Dishwashers**		**Laundry tubs**		**Shower stalls**	
Automatic Washers		**Floor drains**		**Lavoratories/hand sinks**		**Storm drains**	
Backflow devices		**Garbage disposals**		**Outside faucets**		**Sump Pumps**	
Bar sinks		**Ice makers**		**Other**		**Urinals**	
Bath tubs		**Inside water piping**		**Pressure reducing valves**		**Toilet**	
Building drains		**Interceptor/Separators**		**Roof drains**		**Thermal Expansion Tank**	
Building sewers		**Kitchen Sinks**		**Tempering Valves**		**Water Heaters**	
Bidets				**Trap primer**		**Water Service**	
						Water Softeners/r.o.	
Total of First Column		***Total of Second Column***		***Total of Third Column***		***Grand Total***	

INSPECTIONS

Underground

_____

Rough In

_____

Stack Out

_____

Sewer

_____

Final

_____

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

Water Temperatures

W.H._____

Lav _____

Sho _____

Water Pressue _____ PSI

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