

Permit # _____

Date of Issuance ____/____/____

**APPLICATION FOR A
COMMERCIAL PLUMBING PERMIT
ERIE COUNTY GENERAL HEALTH DISTRICT**

420 Superior Street

Sandusky, Ohio 44870

Phone: 419-626-5623 Ext. 209

Fax: 419-624-3358

plumbing@eriecohealthohio.org

City/Village/Township: _____

Building Address: _____

Owners Name: _____

Address: _____

Telephone: Hm: _____ Other: _____

General Contractor: _____

Contact Person: _____

Address: _____

Telephone: Wk: _____ Other: _____

Plumbing Contractor: _____

Contact Person: _____

Address: _____

Telephone: Wk: _____ Other: _____

Plumbing License ID# _____

6/1/07

Plumbing Fixture Worksheet

| Fixture | Count | Fixture | Count | Fixture | Count |
|----------------------------|-------|--------------------------|-------|--------------------------|-------|
| Air Admittance Valves | | Hydrotherapy Baths | | Sinks, Scullery | |
| Aspirators | | Ice Makers | | Sinks, Food Prep | |
| Autopsy Tables, Morgue | | Interceptors, Garage/Oil | | Sinks, Mop | |
| Backflow Devices | | Interceptors, Grease | | Sinks, Surgical | |
| Bidets | | Interceptors, Sand | | Sinks, X-Ray | |
| Dental Cuspidors | | Lavatories | | Sterilizers | |
| Dental Lavatories, Chair | | Sewage/Ejectors | | Sump-Pumps | |
| Dilution Sumps | | Shampoo Bowls | | Tubs, Bath | |
| Drains, Floor | | Showers | | Tubs, Laundry | |
| Drains, Roof Storm | | Sinks, Bar | | Urinals | |
| Expansion Tanks | | Sinks, Chemical | | Valves, Pressure Reducer | |
| Fountains, Baptismal | | Sinks, Clinical | | Valves, Tempering | |
| Fountains, Drinking | | Sinks, Domestic | | Washers, Automatic | |
| Fountains, Soda | | Sinks, Floor | | Washers, Bed Pan | |
| Fountains, Wash | | Sinks, Instrument | | Washers, Dish | |
| Garbage Disposals | | Sinks, Laboratory | | Washers, Eye (Emergency) | |
| Hose Bibbs, Outside | | Sinks, Pharmacy | | Water Closets | |
| Hot Water Dispensers | | Sinks, Plaster | | Water Heaters | |
| TOTAL FIXTURE COUNT | | | | | |

Plan Review..... \$ 200.00
 Permit Application..... \$ 200.00
 Total Fixture Count (from above): _____ x \$20.00= \$ _____
 Total Plumbing Permit Fees..... \$ _____

DESCRIPTION OF WORK:

Describe Scope of Work to be performed:

Water Supply From: Community Private Well Individual

Size of Water Main: _____

Waste Water Connects To:

Public Sewer Private Septic Tank On-Site Disposal

Size of Main Drain: _____

Size of Main Vent Stack: _____

Total Plumbing Permit Fees From Above Worksheet \$ _____

Check # _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by owner to make this application as his agent and we agree to all applicable laws of this jurisdiction.

Signature of Applicant (Contractor or Owner)

Application Date