

Permit # \_\_\_\_\_

Date of Issuance \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATION FOR A  
RESIDENTIAL 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](mailto: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# \_\_\_\_\_

**DESCRIPTION OF WORK TO BE PERFORMED:**

**How Occupied:**

\_\_\_\_\_ New Dwelling \_\_\_\_\_ One Family \_\_\_\_\_ Two Family \_\_\_\_\_ Three Family \_\_\_\_\_ Addition \_\_\_\_\_ Other

**Water Supply From:** \_\_\_\_\_ Community \_\_\_\_\_ Private Well \_\_\_\_\_ Individual \_\_\_\_\_ Cistern

**Waste Water Connects To:** \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic Tank \_\_\_\_\_ On-Site Disposal Systems

Size of Main Drain: \_\_\_\_\_ Size of Main Vent Stack: \_\_\_\_\_

Fixture	Count	Fixture	Count	Fixture	Count
Air Admittance Valves		Whirlpool Baths		Tubs, Bath	
Backflow Devices		Ice Makers		Tubs, Laundry	
Bidets		Interceptors, Garage/Oil		Urinals	
Drains, Floor		Lavatories		Valves, Pressure Reducer	
Expansion Tanks		Sewage/Ejectors		Washers, Cloths	
Fountains, Decorative		Showers		Washers, Dish	
Garbage Disposals		Sinks, Bar		Water Closets	
Hose Bibbs, Outside		Sinks, Kitchen		Water Heaters	
Hot Water Dispensers		Sump-Pumps		Water Softener	
<b>TOTAL FIXTURE COUNT</b>					

**Plan Review Schedule: Must Choose One!**

1 – 20 Fixtures/Traps	\$40.00
20 – 45 Fixtures/Traps	\$70.00
46 – 80 Fixtures/Traps	\$100.00
> 80 Fixtures/Traps	\$130.00

Applicable Plan Review Amount From Above

Permit Application \$ 50.00

Total Fixture Count @ \$15.00 Each = \$ \_\_\_\_\_

Total Plumbing Permit Fees

Check # \_\_\_\_\_ Total Plumbing Permit Fees \$ \_\_\_\_\_

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

Signature of Applicant (Contractor or Home Owner)

Application Date