

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. 5209

Fax: 419-624-3358

plumbing@echdohio.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# _____

4/27/22

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

4/27/22