

OFFICE USE  
PERMIT # \_\_\_\_\_  
APPROVED \_\_\_\_\_  
CHECK # \_\_\_\_\_  
RECEIPT # \_\_\_\_\_

PLUMBING PERMIT  
ROSS COUNTY HEALTH DISTRICT  
150 E. SECOND STREET  
CHILLICOTHE, OHIO 45601  
(740)775-1158 FAX (740)779-9615

NAME OF JOB: \_\_\_\_\_ OWNER NAME: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUILDING TYPE: NEW EXISTING (CIRCLE ONE)

BUILDING USE: \_\_\_\_\_

NAME OF REGISTERED PLUMBER: \_\_\_\_\_

**PLEASE READ THIS INFORMATION:**  
Permits left dormant for more than one year are subject to review and revocation.  
A reinspection fee of \$50.00 will be assessed whenever a reinspection or extra inspection is necessary.  
Isometric drawings should be submitted with this application and approved before a permit is issued.  
No portion of any building should be occupied until final air tests and inspections have been made and approved.

The undersigned hereby applies for a permit to do plumbing conforming to and for the inspection thereof as provided in Section 3703-99, inclusive of the Revised Code and the Ohio Administrative Code 4101:2-51.

APPLICANT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

Special Permit - 1-2 fixtures ONLY..... \$225.00

**OR** Permits requiring three (3) or more fixtures must complete worksheet A.

Plumbing processing fee: \$200.00..... a. \$200.00

Plan evaluation fee: \$200.00..... b. \$200.00

Total fixture count from worksheet: \_\_\_\_\_ x \$20.00..... c. \_\_\_\_\_

**Total Plumbing Fees by totaling entries A+B+C..... \$ \_\_\_\_\_**

## WORKSHEET A PLUMBING FEE SCHEDULE

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

Plumbing processing fee: \$200.00..... a.     \$200.00    

Plan evaluation fee: \$200.00..... b.     \$200.00    

Total fixture count from worksheet: \_\_\_\_\_ x \$20.00..... c. \_\_\_\_\_

**Total Plumbing Fees by totaling entries a+b+c..... \$ \_\_\_\_\_**

Enter the total plumbing fee to the worksheet for fees to be paid and return this worksheet with the application.