

APPLICATION FOR COMMERCIAL PLUMBING PERMIT/PLAN APPROVAL

HOCKING COUNTY HEALTH DEPARTMENT

350 ST RT 664 North * LOGAN, OHIO 43138 * PHONE: 740-385-3030 EXT 2 * FAX: 740-385-2252

WWW.HOCKINGCOUNTYHEALTHDEPARTMENT.COM

SITE ADDRESS:			PLUMBER:
CITY:	STATE:	ZIP:	PLUMBER'S PHONE:
BUSINESS NAME:			PLUMBER'S ADDRESS:
OWNER'S NAME:			CITY:
MAILING ADDRESS:			STATE: ZIP:
CITY:	STATE:	ZIP:	REGISTRATION NAME & NUMBER:
PHONE:	CELL:		SIGNATURE OF PLUMBING CONTRACTOR:
EMAIL:			CONTACT PERSON:
BUILDING: NEW _____ EXISTING: _____ FOOD SERVICE? Y / N			EMAIL:

FIXTURE	#	FIXTURE	#	FIXTURE	#
AIR ADMITTANCE VALVES		INTERCEPTORS, GARAGE/OIL		SINKS, FOOD PREP	
ASPIRATORS		INTERCEPTORS, GREASE		SINKS, MOP	
AUTOPSY TABLES, MORGUE		INTERCEPTORS, SAND		SINKS, SURGICAL	
BACKFLOW DEVICES		LAVATORIES		SINKS, X-RAY	
BIDETS		PIPING SYSTEMS, SANITARY		STERILIZERS	
DENTAL CUSPIDORS		PIPING SYSTEMS, STORM		SUMP-PUMPS	
DENTAL LAVATORIES, CHAIR		PIPING SYSTEMS, WATER		TRAP PRIMER	
DILUTION SUMPS		SEWAGE/EJECTORS		TUBS, BATH	
DRAINS, FLOOR		SHAMPOO BOWLS		TUBS, LAUNDRY	
DRAINS, ROOF STORM		SHOWERS		URINALS	
EXPANSION TANKS		SINKS, BAR		VALVES, PRESSURE REDUCER	
FOUNTAINS, BAPTISMAL		SINKS, CHEMICAL		VALVES, TEMPERING	
FOUNTAINS, DRINKING		SINKS, CLINICAL		WASHERS, AUTOMATIC	
FOUNTAINS, SODA		SINKS, DOMESTIC		WASHERS, BED PAN	
FOUNTAINS, WASH		SINKS, FLOOR		WASHERS, DISH	
GARBAGE DISPOSALS		SINKS, INSTRUMENT		WASHER, EYE (EMERGENCY)	
HOSE BIBS, OUTSIDE		SINKS, LABORATORY		WATER CLOSETS	
HOT WATER DISPENSERS		SINKS, PHARMACY		WATER HEATERS	
HYDROTHERAPY BATHS		SINKS, PLASTER		OTHER	
ICE MAKERS		SINKS, SCULLERY		TOTAL FIXTURE COUNT	

Plumbing processing fee: \$200.00	\$ 200.00 _____
Total fixture count from above: _____ X \$25.00	\$ _____
Plan evaluation fee: \$200.00	\$ 200.00 _____
Plumbing prior to permit issuance 50% of permit fee 1st offense, 100% 2nd offense and thereafter.....	\$ _____
Total plumbing fees	\$ _____

*PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE.
WHEN REQUESTING AN INSPECTION PLEASE PROVIDE PERMIT NUMBER AND SITE ADDRESS.
ALL \$50 REINSPECTION FEES MUST BE PAID PRIOR TO INSPECTION.*

OFFICE USE ONLY: Date Received: _____ With / Without Plans State Bldg. Permit #: _____
Amount Paid: _____ Receipt #: _____ Plan Approval: _____
Permit #: _____ Date Permit Issued: _____ Notified Fire Dept: _____