

PLUMBING PERMIT APPLICATION

**HOCKING COUNTY HEALTH DEPARTMENT
350 STATE ROUTE 664 NORTH, LOGAN, OH 43138
PHONE: 740-385-3030 EXT. 2 FAX: 740-385-2252**

SITE ADDRESS:	CITY:	STATE:	ZIP:
PROPERTY OWNER:	TOWNSHIP:		
MAILING ADDRESS:	CITY:	STATE:	ZIP:
PHONE:			
COMPANY/INSTALLER:	PHONE:	CELL:	
ADDRESS:	CITY:	STATE:	ZIP:
SIGNATURE:			

Check All That Apply

Commercial Water Heater	\$50.00	_____
Backflow Preventer	\$50.00	_____
Water Treatment Unit(s)	\$50.00	_____
Special Inspection	\$50.00	_____

PERMIT FEE(S): \$ _____

PENALTY FOR PLUMBING PRIOR TO PERMIT ISSUANCE IS 50% OF PERMIT FOR FIRST
OFFENSE THEN 100% OF PERMIT FOR SECOND AND SUBSEQUENT OFFENSES: \$ _____

TOTAL PERMIT FEE: \$ _____

******* PERMIT EXPIRES ONE YEAR AFTER ISSUANCE *******

******* ALL \$50 REINSPECTION FEES MUST BE PAID IN FULL BEFORE FINAL INSPECTION *******

FOR HEALTH DEPARTMENT USE ONLY:

PERMIT #:	DATE RECEIVED:	DATE ISSUED:	RECEIPT:	BLDG. PERMIT #:

White Copy - Health Department

Yellow Copy - Property Owner