



Plumbing Application

CLERMONT COUNTY GENERAL HEALTH DISTRICT

2275 Bauer Road
Suite 300
Batavia, Ohio 45103
(513) 732-7499

- New Construction Fixture Replacement Repair
 Addition Remodel

PERMIT NO. _____
 PERMIT FEE _____
 DATE _____
 TOTAL FIXTURE COUNT _____

Plans must be approved and permit secured before commencing work.

Permit valid only if work is started within 90 days from date of issuance and will expire 2 years from the date of issue.

Application is hereby made to the Clermont County General Health District for permission to install plumbing in accordance with the following detailed statement, and subject to rules and regulations for installation and inspection of plumbing and private sewage disposal in Clermont County, Ohio, General Health District.

Owner/General Contractor _____ Plumbing Contractor _____
 Name _____ Name _____
 Address _____ Address _____
 City _____ City _____
 Phone _____ Phone _____

ALL LOTS MUST BE PROPERLY IDENTIFIED WITH LOT OR STREET NUMBER

Location (Subdivision): _____ Corporation _____ Township _____
 Street No. _____ Lot No. _____
 N. _____
 W. E. _____ feet N. S. E. W. from Intersection of _____ Street or Road
 S. _____

- One-family dwelling Two-family dwelling Apartment House
 Other _____

Building Permit No. _____
 Private Sewage No. _____
 Sanitary Sewer Permit No. _____

Reinspection Fee	Field Trips	Water Service	Extra Fixtures	FSO	FE
		Well/Cistern			

Fixture Count			Approvals		
Water Closets		Building Sewer Con.		Inspector's Name	Date
Lavatories		Water Dist. System	1st Rough Plumbing		
Bath Tubs		Back-Flow Preventer			
Showers		Whirlpool Tub			
Sinks		Urinal			
Laundry Trays		Drinking Fountain	2nd Rough Plumbing		
Floor Drains		Water Softeners			
Washer Box		Slop Sinks			
Dishwasher		Bar Waste			
Garbage Disposal		Roof Drains			
Water Heater		Sewage Ejector	Final		
Sump Pump		Sterilizer			
Interceptors		Chem. Sink			
Indirect Waste		Dilution Sump			

I hereby certify that 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 or her authorized agent and we agree to conform to all applicable laws of the state of Ohio and the County of Clermont. Therefore, Plumbing Permit is issued to:

Signature _____ Address _____ Date _____
Owner or Owner's Agent
 _____ Title _____ Phone No. _____
Print Name Signed Above

