



# Logan County Health District

310 S. Main St. Bellefontaine, Oh 43311  
Ph:937-592-9040 Fax:937-592-6746

[www.loganhealthohio.gov](http://www.loganhealthohio.gov)

## APPLICATION FOR COMMERCIAL PLUMBING PERMIT

The undersigned hereby applies for a permit to do plumbing and for the inspections at the following location in accordance with the Ohio Plumbing Code and the Logan County General Health District Regulation 46.

This application must be accompanied by (2) sets of drawings with isometrics and a fee calculated from the plumbing fixtures/fees worksheet on the back (page 2) of this application. Plans must be submitted to this office and approved prior to commencing any plumbing work.

**PENALTY FOR INSTALLING ANY PLUMBING WORK BEFORE BEING ISSUED A PERMIT IS THE TOTAL PERMIT FEE DOUBLED.**

Type of job being done:  New Building  Remodel  Addition  Replacement  Other

Business Name: \_\_\_\_\_

Job Location: \_\_\_\_\_ Township: \_\_\_\_\_  
(Street Address) (Town)

Business Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Owner's Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Name of Submitter: \_\_\_\_\_ Phone: \_\_\_\_\_

Submitter's Address: \_\_\_\_\_ (Street Address) (Town) (State) (Zip)

*Please complete plumbing fixture worksheet on the back (page2) plumbing permit application before signing.*

I hereby certify that I am the Owner/Agent for the owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner / Agent for Owner)

### Office Use Only

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Permit #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt: \_\_\_\_\_ Clerk: \_\_\_\_\_

Penalty Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt: \_\_\_\_\_ Clerk: \_\_\_\_\_

Re-inspection Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt: \_\_\_\_\_ Clerk: \_\_\_\_\_

## COMMERCIAL PLUMBING FIXTURE WORKSHEET

FIXTURE	COUNT	FIXTURE	COUNT	FIXTURE	COUNT
Air Admittance Valves		Lavatories		Sump Pumps	
Aspirators		<b>Piping Systems, Sanitary</b>	<b>1</b>	Tubs, Bath	
Autopsy Tables, Morgue		Piping Systems, Storm		Tubs, Laundry	
Backflow Devices		<b>Piping Systems, Water</b>	<b>1</b>	Urinals	
Bidets		Sewage/ Ejectors		Valves, Pressure Reducer	
Dental Cuspidors		Shampoo Bowls		Valves Tempering	
Dental Lavatories, Chair		Showers		Washers, Automatic	
Dilution Sumps		Sinks, 2 compartment		Washers, Bed Pan	
Drains, Floor		Sinks, 3 compartment		Washers, Dish	
Drains, Hub		Sinks, Bar		Washer, Eye (Emergency)	
Drains, Roof Storm		Sinks, Chemical		Water Closet	
Drains, Trench		Sinks, Clinical		Water Heaters	
Expansion Tanks		Sinks, Domestic		Water Treatment, Equip.	
Fountains, Baptismal		Sinks, Floor			
Fountains, Drinking		Sinks, Instrument		Misc.	
Fountains, Wash		Sinks, Laboratory			
Garbage Disposals		Sinks, Pharmacy			
Hose Bibbs, outside		Sinks, Plaster			
Hot Water Dispensers		Sinks, Scullery			
Hydrotherapy Baths		Sinks, Food Prep			
Ice Makers		Sinks, Mop			
Interceptors, Garage/Oil		Sinks, Surgical			
Interceptors, Grease		Sinks, X-Ray			
Interceptors, Sand		Sterilizers			
<b>TOTAL COLUMN (1)</b>		<b>TOTAL COLUMN (2)</b>		<b>TOTAL COLUMN (3)</b>	

**TOTAL FIXTURE COUNT** \_\_\_\_\_

**PLAN REVIEW FEE**

1-5 Fixtures/Traps.....\$ 65.00  
 6-20 Fixtures/Traps... \$ 130.00  
 Greater than 21 Fixtures/Traps...\$ 260.00

**TOTAL PLAN REVIEW FEE (see above).....\$** \_\_\_\_\_

**TOTAL FIXTURE/TRAP COUNT (= total fixture worksheet count) \_\_\_\_\_ (x) \$26.00 ..... \$** \_\_\_\_\_

**PERMIT APPLICATION FEE..... \$ 78.00**

**TOTAL PLUMBING PERMIT FEE .....\$** \_\_\_\_\_

COMMERCIAL REINSPECTION..... \$97.50