



RESIDENTIAL APPLICATION FOR PLUMBING PERMIT

Clark County Combined Health District
 529 E. Home Road, Springfield, Ohio 45503
 Main: (937) 390-5600 Fax: (937) 390-5625
www.ccchd.com

Date: _____

The undersigned hereby applies for a permit to do plumbing and for the inspection at the following location as provided in Chapter 3703 of the Ohio Revised Code and Chapter 4101:3-1 to 4101:3-13 of the Ohio Administrative Code.

An application for a permit to do plumbing must be submitted to this office before commencing any plumbing work. Homeowners doing their own plumbing work, 1 set of isometric drawings, properly sized, must be submitted indicating the approximate manner in which drainage, waste and venting would be installed.

Exact Location (Address): _____

Owner's Name and Address: _____

Air Admittance Valve	Drain - Building	Softener
Automatic Washer	Drain - Floor	Sump Pump
Backflow Device	Laundry Tub	Tempering Valve
Backwater Valve	Lavatories	Urinal
Bath - Tub	Pressure Reducing Valve	Water Closet
Bath - Whirlpool	Reverse Osmosis	Water Heater
Bidet	Sewage Ejector	Water System
Booster Pump	Showers	Yard Hydrant
Dishwasher	Sink - Bar	
Disposal Garbage	Sink - Domestic	

Total: _____ Total: _____ Total: _____

Application For Permit.....	\$30.00
Each Trap or Fixture Appliance, Device or ApparatusResidential _____x \$10.00.....	\$ _____
Other.....	\$ _____

New or Replacement Water/Sewer Lines:	
Residential Water Line 1'-100' = \$30.00 + \$1.00 per lineal over 100' (cap at \$130.00) { _____ ft}.....	\$ _____
Residential Sewer Line 1'-100' = \$30.00 + \$1.00 per lineal over 100' (cap at \$130.00) { _____ ft}.....	\$ _____

Notice: All connection fees and/or assessments must be paid to the City of Springfield before connection to City Utilities will be permitted. Please contact the City of Springfield Engineering Department at (937) 324-7312 for information regarding these charges.

Residential Penalty for Starting Work Without Permit = \$30.00 + 25% of Permit Fee..... \$ _____

Other..... \$ _____

TOTAL FEES DUE.....\$ _____

 Original Signature (Master Plumber/Owner Occupant)

 Printed Plumbing Company/Homeowner Name Registration/Phone #

Receipt #: _____