



PREVENT. PROMOTE. PROTECT.

APPLICATION FOR PERMIT TO INSTALL PLUMBING

INSTRUCTIONS:

1. Complete the application in its entirety and sign.
2. **Attach plans to this application.**
3. Select payment type. Checks / money order payable to: **HCPH**
4. Return check and signed form to:

Mailing Address:
Hamilton County Public Health
250 William Howard Taft Road, 2nd Fl
Cincinnati, Ohio 45219

PLEASE PRINT

Project Address:		Lot #:	Is the project new construction or a remodel? <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel
Property Owner Name:		Property Owner Phone #:	
Property Owner Address:		City / State:	Zip Code:
Subdivision / Building Name:		Building Use:	How will the building be occupied: <input type="checkbox"/> 1 Family <input type="checkbox"/> 2 Family <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Other
Building Permit #: REQUIRED FOR PERMIT TO BE PROCESSED		MSD / STS Permit #:	

Application is hereby made to Hamilton County General Health District for permission to install plumbing in accordance with the following detailed statement. All work is subject to the rules and regulations for installation and inspection of plumbing for Hamilton County General Health District and the Ohio Plumbing Code.

Please indicate the number of each type of fixture you plan to install:

	Water Closet	Bath	Lav.	Sink	Ldry Tray	Shwr	Gar Disp	Dish Wshr	Auto Wshr	Urinal	Drinking Fountain	Water Heater	Floor Drain	Storm Ldr	Water Line	Other	Inter-ceptor	Sewer Con.	STS Aband	Back Flow	Sump Ejector	Total Count	
New Fixtures																							
Replacement Fixtures																							

Do the above listed fixtures drain to the sanitary sewer? Yes No

Comments:

In consideration of permission given, the undersigned does hereby covenant and agree to comply with all the plumbing laws of the State of Ohio and the regulations of Hamilton County General Health District and acknowledges the permit must be secured before commencing work.

Applicant's Name:	Signature:
Plumbing Contractor / Company Name:	Plumbing Contractor / Company Address:
Plumbing Contractor Cell Phone:	Plumbing Contractor Email Address:

Payment Type: Check Escrow # _____ Credit Card (Complete Below) Cash (In person only)

Card Number: WE CAN NOT ACCEPT VISA	Expiration Date:	CVN:
Cardholder Name:	Cardholder Phone Number:	Total Fee: \$
Cardholder Address:	City / State:	Zip Code:

FOR OFFICE USE ONLY:

PERMIT #:	Amount Received:	Date:	Receipt #:
<input type="checkbox"/> No upper rough insp. w/o sewer permit # <input type="checkbox"/> Hold application for building permit # Plan Examiner Approval:		Notes:	