Homeowner’s Information & Agreement Form

Dear Resident:

When homeowners take out plumbing permits they have accepted the responsibility for their own work and that work must comply with Ohio Basic Plumbing Code. The following is a list of homeowner responsibilities. Please review this list and complete the Homeowner’s Agreement Form on page 2. **This form must be notarized and either hand delivered or mailed to the Hamilton County General Health District.**

We also recommend that homeowners become familiar with the Ohio Basic Plumbing Code. You can check with your local library for availability or you may contact the Plumbing, Heating, Cooling Contractor’s Association at 1-800-686-PHCC, or the Cincinnati Master Plumber Association at 742-2672, about purchasing the Ohio Basic Plumbing Code Book.

Sincerely,

Lisa Humble
Director of Plumbing

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**Issuing of a Homeowner’s Plumbing Permit**

- Drawings must be presented with or at the time the permit is purchased. This drawing must be checked and approved by the plumbing inspector.
- Permit will be mailed to you.
- Do not begin plumbing work until you have a permit.
- Display permit near work site.

**Responsibility of Permit Holder**

- All engineering, workmanship, pipes, fittings, and fixtures must comply with Ohio Basic Plumbing Code.
- Pipes extending through walls must be supported by compatible materials.
- Shower heads and tub spouts must be secure.
- Shower and tub valves must be pressure balanced temperature controlled.
- All hose bibbs must be protected with vacuum breakers.

**Scheduling a Plumbing Inspection**

- Plumbing must be inspected before being covered.
- For same day inspection, call (513) 946-7854 between 7:30-9:00 a.m. Monday - Friday.
- Inspection testing equipment must be supplied by permit holder.
- Test should be applied to system at least 15 minutes prior to scheduled inspection.

Revised 6-10-2016
**Inspection Requirements**

Ohio Basic Plumbing Code Section 312.1-312.4 requires the following inspections:

1. **1st Rough Inspection** - Prior to covering any underground plumbing. Seal openings of all new sanitary waste and vent piping. Fill plumbing pipe with a 10' head of water. Exception: Fill piping with approximately 5 pounds of air pressure 5 P.S.I (when specifically allowed by the pipe manufacturer in accordance with the pressure limitations and conditions by the manufacturer). If no leaks, call for an inspection.

2. **2nd Rough Inspection** - Prior to covering pipes with dry wall or insulation. Seal openings of all new sanitary waste and vent piping. Fill plumbing pipe with a 10' head of water. Exception: Fill piping with approximately 5 pounds of air pressure 5 P.S.I (when specifically allowed by the pipe manufacturer in accordance with the pressure limitations and conditions by the manufacturer). If no leaks, call for an inspection.

3. **Final Inspection** - After all plumbing fixtures are set and connected. Seal openings of all new sanitary waste and vent piping. Fill all traps with water. Apply final test equivalent to a least 1" water column. Call for an inspection.

**Note:** Water heaters must be to operating temperature. Shower and tub/shower combination valves must limit the maximum temperature setting to 120 degrees Fahrenheit.
Homeowner’s Agreement Form

I, ________________________________ , residing at ____________________________
(First, Last Name) (Address - City, State, Zip)
______________________, being first duly sworn, to:

1. Be the owner and live in the single family residence where the work will be completed. Located at ____________________________
(Address - City, State, Zip) ________________, continue to live there least one year after
the date of final inspection.

2. Complete the work without the paid assistance of others. Any other person completing work on this
project is required to be bonded and registered with Hamilton County Health District.

3. Any person, firm, or corporation working for, with or under the direction of this homeowner must be
registered and bonded. In addition they are required to meet any additional requirements of the local
water purveyor and or other jurisdiction in which work is occurring. As stated in Regulation 4-2014
Regulations for the Maintenance, Installation, Inspection of Plumbing and Medical Gas

4. Failure to meet the requirements of the homeowner's permit shall result in the permit being voided

__________________________________ _________________
Signature of Homeowner Date

__________________________________ _________________
Signature of Notary Public My Commission Expires

Return notarized form in person or by mail to: Hamilton County General Health
District, ATTN: Plumbing Division, 250 William Howard Taft Rd, 2nd Floor, Cincinnati,
Ohio 45219