



HAMILTON COUNTY PUBLIC HEALTH

ATTN: Plumbing
250 William Howard Taft Road, 2nd Fl
Cincinnati, Ohio 45219

Permit No.
Date Received

APPLICATION FOR PERMIT TO INSTALL PLUMBING

PLEASE PRINT

Project Address:	Unit #	City/Township / Village (not Cinti.)	Is the project new construction or a remodel? <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel/Alt. <input type="checkbox"/> Demo
Commercial Facility Name	Residential Owner Name		How will the building be occupied: <input type="checkbox"/> 1 family <input type="checkbox"/> 2 family <input type="checkbox"/> Condo <input type="checkbox"/> Apt <input type="checkbox"/> Commercial
Building Permit #:	COPY OF PERMIT MUST BE INCLUDED WITH APPLICATION		MSD / STS Permit #:

Please indicate the number of each type of fixture you plan to install in the box provided below each fixture type:

New Fixtures	Water Closet	Bath	Lav.	Sink	Ldry Tray	Shwr	Gar Disp	Dish Wshr	Washer Box	Urinal
	Drinking Fountain	Water Heater	Floor Drain	Storm Ldr	Air Admit Vlv	Sump Ejector	Inter-ceptor	Other Fixtures:		

Replacement Fixtures	Water Closet	Bath	Lav.	Sink	Ldry Tray	Shwr	Gar Disp	Dish Wshr	Washer Box	Urinal
	Drinking Fountain	Water Heater	Floor Drain	Storm Ldr	Air Admit Vlv	Sump Ejector	Inter-ceptor	Other Fixtures:		

Testable Backflow Devices:			Fixture Charges				
# Devices	Fee Per Device	Total Fee	1 Fixture = \$60	6 Fixtures = \$165	11 Fixtures = \$270	16 Fixtures = \$375	21 Fixtures = \$480
	X \$25.00	\$	2 Fixtures = \$81	7 Fixtures = \$186	12 Fixtures = \$291	17 Fixtures = \$396	22 Fixtures = \$501
			3 Fixtures = \$102	8 Fixtures = \$207	13 Fixtures = \$312	18 Fixtures = \$417	23 Fixtures = \$522
			4 Fixtures = \$123	9 Fixtures = \$228	14 Fixtures = \$333	19 Fixtures = \$438	24 Fixtures = \$543
			5 Fixtures = \$144	10 Fixtures = \$249	15 Fixtures = \$354	20 Fixtures = \$459	Additional Fixture +\$21

Water Line (outside only) ft Water Line Fee \$ Total Fixtures Fixture Fee \$
0-250 ft = \$60; Additional 10 ft +\$1

The above listed fixtures drain to: Sanitary Sewer STS

+ Add Water Line Fee & Fixture Fee +

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.

\$ <input type="text"/>
Total Fee Due

Plumbing Company Name:	Office Phone Number:
Plumbing Contractor Contact and Cell Phone Number:	Plumbing Contractor Contact E-mail Address:
Payment Type: <input type="checkbox"/> Escrow # _____ <input type="checkbox"/> Check	To pay with a credit card, go to www.hcph.org
Contractor Check List: <input type="checkbox"/> Building Permit Included <input type="checkbox"/> Drawings/Plans Included <input type="checkbox"/> Fee Included	←

Registered Plumbing Contractor:	Signature:
---------------------------------	------------

FOR OFFICE USE ONLY:		
Amount Received:	Receipt #:	Plan Examiner Approval:
Date:	Inspection Dates	Dates Final
No upper rough insp. w/o sewer permit #		
Hold application for building permit #		