



General Health District

“Helping to maintain a healthy community”

470 Center Street, Building 8
Chardon, Ohio 44024

(440) 279-1900

An Equal Opportunity Employer and Provider of Services

COMMERCIAL APPLICATION FOR INSPECTION OF PLUMBING

Date _____

Permit No. _____

The undersigned applies for a permit to do plumbing and have inspections of same at the following location and in accordance with 4101:2-51 of the Ohio Administrative Code and Section 40 to 40.8.1 of the Geauga County Health District Regulations with authority from Section 3707.01 and 3709.21 of the Ohio Revised Code.

This application must be filled out and returned to the office of the Geauga County Health District prior to starting work, accompanied by a full set of architectural drawings with isometrics and a fee calculated upon the following basis:

Application for permit \$100.00
 \$ 3.50 for each trap fixture or device
 Total Fee \$

Make checks payable to **Geauga County Health District**

Exact Location _____ Township _____

Owner's Name _____ Builder's Name _____

New Remodel Addition BUILDING TO BE USED FOR: _____
 Sanitary Sewers Sewage Tanks Water System: Private
 Public

Of what materials do the following consist:

Building drain? _____ Waste & vent pipes? _____ Water piping? _____

Bar Sink	
Bath Tub	
Chemical Sink	
Dish Washer	
Drinking Fountain	
Food Preparation	
Garbage Disposal	
Kitchen Sink	
Laundry Sink	

Lavatory Sink	
Pot Sink	
Service Sink	
Stall Shower	
Urinals	
Washing Machine	
Water Closet (toilet)	
Backflow	1
Dilution Sump	

Floor Drain	
Garage Catch Basin	
Garage Interceptor	
Grease Interceptor	
Water Heater	
Roof Drain	
Sewage Ejector	
Sump Pump	
Wash Fountain	

Water Cond. Equip.	
Water Dist. Lines	1
Air Admittance Valve	
Floor Sink	
Hand Sink	
Mop Sink	
Miscellaneous	
Miscellaneous	
GRAND TOTAL	

Roll Drawing # _____

BE SURE TO HAVE STACKS READY FOR INSPECTION BEFORE CALLING.
PERMIT IS VALID UNTIL JOB IS COMPLETED OR ONE (1) YEAR, WHICHEVER COMES FIRST.

CONTRACTOR'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBER _____ REGISTRATION CERTIFICATION _____

----- DO NOT WRITE BELOW THIS LINE -----

Underground

Rough

Final