



“Helping to maintain a healthy community”
 Geauga County Health District
 470 Center Street, Building #8
 Chardon, Ohio 44024
 (440) 279-1900

APPLICATION FOR RESIDENTIAL INSPECTION OF PLUMBING

Please make checks payable to: Geauga County Health District

Date _____ Permit No. _____

The applicant is applying for a permit to do plumbing and have inspections of said plumbing in accordance with 4101:3-1 to 4101:3-13 of the Ohio Administrative Code, with authority from Section 3701.01 and 3709.21 of the Ohio Revised Code.

This application must be complete and returned with an isometric drawing and the required fees to the Geauga County Health District prior to beginning any work. This permit is for three (3) inspections. More than three (3) inspections will incur a \$ 50.00 charge per inspection.

Informational
 Purposes Only

Application for permit..... \$ 100.00
 Plan Review..... \$ 25.00
 \$ 10.00 for each trap, fixture or device..... \$ _____
 Total Fee..... \$ _____

Exact Location _____ Township _____

Owner's Name _____ Builder's Name _____

New Remodel Addition
 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	
Dish Washer	
Garbage Disposal	
Kitchen Sink	
Laundry Sink	

Lavatory Sink	
Stall Shower	
Urinals	
Washing Machine	
Water Closet (toilet)	
Backflow Prevention	

Floor Drain	
Garage Catch Basin	
Air Admittance Valve	
Water Heater	
Sewage Ejector	
Sump Pump	

Water Cond. Equip.	
Water Dist. Lines	1
Miscellaneous	
GRAND TOTAL	

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

APPLICANT'S NAME _____ TELEPHONE _____

ADDRESS _____ CITY _____ ZIP _____

REGISTRATION CERTIFICATION _____ STATE LICENSE _____

----- DO NOT WRITE BELOW THIS LINE -----
 Underground _____ Rough _____ Final _____