



310 S. Main St. Bellefontaine, Oh 43311
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www.loganhealth.org

APPLICATION FOR RESIDENTIAL PLUMBING PERMIT

The undersigned hereby applies for a permit to do plumbing and for the inspections at the following location in accordance with the Ohio Plumbing Code and the Logan County General Health District Regulation 46.

This application must be accompanied by 1 set of drawings with fees calculated from worksheet on the back of this form. **PENALTY FOR INSTALLING ANY PLUMBING BEFORE BEING ISSUED A PERMIT IS THE TOTAL PERMIT FEE DOUBLED.**

Job Location: _____ Township _____
(Street Address) (Town)

Building: (circle one) New or Old Building Permit # _____

Owner's Name _____

Owner's Address _____ Phone # _____

Plumbing Contractor _____

Name of Submitter _____ Phone _____

Submitter's Address _____
(Street address) (Town) (State) (Zip)

Please complete plumbing fixture worksheet on other side before signing ➔

I hereby certify that I am the Owner/Agent for the owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.

Signature _____ Date _____
(Owner/Agent for Owner)

Office Use Only:

Approved by: _____ Date _____

Permit # _____ Date Paid _____ Receipt _____ Clerk _____

Penalty Fee _____ Date Paid _____ Receipt _____ Clerk _____

Re-inspection fee _____ Date Paid _____ Receipt _____ Clerk _____

RESIDENTIAL PLUMBING FIXTURE WORKSHEET

FIXTURE	COUNT
Toilets	
Lavatories (bathroom sink)	
Tub/Showers	
Shower Stalls	
Dishwasher	
Garbage Disposal	
Floor Drains	
Grinder Pumps	
Sinks	
Washers	
Water Heater	
Water Softener	
Thermo Exp Tank	
Piping Systems Sanitary	1
Piping Systems Water	1
Other:	
Other:	
Other:	
TOTAL FIXTURES	

Note: Do not include any fixtures or traps which are pre-installed in manufactured homes/industrialized units.

PERMIT APPLICATION **\$ 40.00**
TOTAL Fixture/Traps _____ x **\$10.00** _____
TOTAL PLUMBING PERMIT FEE _____
 RE-INSPECTION FEE (if applicable)\$40.00