



Logan County Health District

310 S. Main St. Bellefontaine, Oh 43311
Ph:937-592-9040 Fax:937-592-6746

www.loganhealth.org

APPLICATION FOR RESIDENTIAL SINGLE FIXTURE 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.

FIXTURE / APPLIANCE BEING INSTALLED _____

Job Location: _____ Township _____
(street address) (town)

Owner's Name _____

Owner's Address _____ Phone # _____

Plumbing Contractor _____

Name of Submitter _____ Phone _____

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

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)

PERMIT APPLICATION \$35.00

Office Use Only:

Approved by: _____ Date _____

Permit # _____ Date Paid _____ Receipt _____ Clerk _____

Penalty Fee _____ Date Paid _____ Receipt _____ Clerk _____

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