Hancock Public Health

2225 Keith Parkway
Findlay, OH 45840
www.HancockPublicHealth.com
Environmental@HancockPublicHealth.com
Phone (419)424-7870 Fax (419)424-7872

PLUMBING PERMIT APPLICATION

Permit #_____—_____

Amount Paid_____

Job site located at:

Street_____City_____Zip_____Township_____

Subdivision_____Lot #_____Plans Submitted_____Approved_____ City Water Yes or No_____

New ☐ Remodel ☐ Replace ☐

Plumbing Contractor

Contractor:_____

Street:_____

City/State/Zip:_____

Phone #_____OH License #_____

Property Owner Information

Name:_____

Street:_____

City/State/Zip:_____

Phone #_____

Underground Inspection

Approved ___/___/___ _____

Disapproved ___/___/___ _____

Rough-In Inspection

Approved ___/___/___ _____

Disapproved ___/___/___ _____

Final Inspection

Approved ___/___/___ _____

Disapproved ___/___/___ _____

I hereby certify that all work will be done in accordance with the State and Local regulation.

_____ _____

Applicant's Signature Date

Comments_____

_____

Number of Residential Fixtures	Description	Number of Commercial Fixtures
	Toilet	
	Lavatory (Bath Sink)	
	Bath Tub/Shower	
	Kitchen Sink	
	Dishwasher	
	Garbage Disposal	
	Washing Machine	
	Drinking Fountain	
	Floor Drain/Roof Drain	
	Water Heater	
	Expansion Tank	
	Backflow Device	
	Sump Pumps	
	Urinals/Bidet	
	Laundry Sink/Mop Sink	
	Food Prep Sink/Bar Sink	
	Shampoo Bowl	
	3 Compartment Sink	
	Grease Trap/Sand Trap	
	Garage/Oil Interceptor	
	Trap Primer	
	Trench Drain	
	Water Filter/Water Softener	
	Water Line	
	Other	
	Total Fixtures	
X $10.00	**Per-Fixture Fee**	**X $20.00**
	Subtotal	
+ $30.00	**Permit Fee**	**+ $50.00**
	Plan Review Fee	
	1-20 Fixtures + $20.00	
	21-40 Fixtures + $100.00	
	Over 41 Fixtures + $200.00	
$	**Grand Total**	**$**
$30.00	**Water Heater Replacement Only**	**$30.00**
$50.00	**Re-Inspection Fee**	**$50.00**
$25.00	**Consult/Inspect Fee**	**$25.00**

Permit Must Be Posted On Site