

Permit # \_\_\_\_\_

Date of Issuance \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATION FOR A  
COMMERCIAL PLUMBING PERMIT  
ERIE COUNTY GENERAL HEALTH DISTRICT**

420 Superior Street

Sandusky, Ohio 44870

Phone: 419-626-5623 Ext. 206

Fax: 419-624-3358

[plumbing@eriecohealthohio.org](mailto:plumbing@eriecohealthohio.org)

City/Village/Township: \_\_\_\_\_

Building Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Hm: \_\_\_\_\_ Other: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Wk: \_\_\_\_\_ Other: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Wk: \_\_\_\_\_ Other: \_\_\_\_\_

Plumbing License ID# \_\_\_\_\_

6/1/07

# Plumbing Fixture Worksheet

Fixture	Count	Fixture	Count	Fixture	Count
Air Admittance Valves		Hydrotherapy Baths		Sinks, Scullery	
Aspirators		Ice Makers		Sinks, Food Prep	
Autopsy Tables, Morgue		Interceptors, Garage/Oil		Sinks, Mop	
Backflow Devices		Interceptors, Grease		Sinks, Surgical	
Bidets		Interceptors, Sand		Sinks, X-Ray	
Dental Cuspidors		Lavatories		Sterilizers	
Dental Lavatories, Chair		Sewage/Ejectors		Sump-Pumps	
Dilution Sumps		Shampoo Bowls		Tubs, Bath	
Drains, Floor		Showers		Tubs, Laundry	
Drains, Roof Storm		Sinks, Bar		Urinals	
Expansion Tanks		Sinks, Chemical		Valves, Pressure Reducer	
Fountains, Baptismal		Sinks, Clinical		Valves, Tempering	
Fountains, Drinking		Sinks, Domestic		Washers, Automatic	
Fountains, Soda		Sinks, Floor		Washers, Bed Pan	
Fountains, Wash		Sinks, Instrument		Washers, Dish	
Garbage Disposals		Sinks, Laboratory		Washers, Eye (Emergency)	
Hose Bibbs, Outside		Sinks, Pharmacy		Water Closets	
Hot Water Dispensers		Sinks, Plaster		Water Heaters	
<b>TOTAL FIXTURE COUNT</b>					

Plan Review..... \$ 200.00  
 Permit Application..... \$ 200.00  
 Total Fixture Count (from above): \_\_\_\_\_ x \$20.00= ..... \$ \_\_\_\_\_  
 Total Plumbing Permit Fees..... \$ \_\_\_\_\_

DESCRIPTION OF WORK:

Describe Scope of Work to be performed:

---

---

---

---

Water Supply From: \_\_\_\_ Community \_\_\_\_ Private Well \_\_\_\_ Individual

Size of Water Main: \_\_\_\_\_

Waste Water Connects To:

\_\_\_\_ Public Sewer \_\_\_\_ Private Septic Tank \_\_\_\_ On-Site Disposal

Size of Main Drain: \_\_\_\_\_

Size of Main Vent Stack: \_\_\_\_\_

Total Plumbing Permit Fees From Above Worksheet \$ \_\_\_\_\_

Check # \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by owner to make this application as his agent and we agree to all applicable laws of this jurisdiction.

---

Signature of Applicant (Contractor or Owner)

Application Date