

APPLICATION FOR INSPECTION OF PLUMBING

Please allow 2-3 business days for processing.

The approved permit will be mailed to you.

Plumbing Inspections are performed by Franklin County Board of Health - 614-462-3559.

The undersigned hereby applies for a permit to do plumbing and a inspection of same at the flolling location and in accord with Chapter 4101:2-51 of the Ohio Administrative Code, and all regulations of the Franklin County Board of Health.

TO BE COMPLETED BY APPLICANT

Exact Location: _____
 Owners Name: _____ Owners Phone #: _____
 Owners Address: _____

CONTRACTOR INFORMATION

Contractor Name: _____
 Address: _____ City: _____ Zip: _____
 Contractors Reg. # (Hilliard): _____ Telephone Number: _____

INSTRUCTIONS

This blank must be properly filled out and returned to the office of the Hilliard Division of Building Regulations at least four days prior to the date of the FIRST INSPECTION, accompanied by a fee calculated upon the following basis:

	QTY		QTY		QTY
Water Closets		Floor Drains		Garbage Disposal	
Urinal		Dilution Sump		Sterilizers	
Mop Sinks		Roof Drains		Bed Pan Washers	
Laundry Trays		Bidet		Hot Water Heater	
Bath Tubs		Kitchen Sink		Water Storage Tank	
Showers		Water Lines		Wash Fountain	
Lavatories		Rough-In Openings for Future		Sump Pump	
Chemical Sinks		*Backflow Preventers		Sewage Ejectors	
Outside Faucets		Garage Catch Basin		Interceptor	
Drinking Fountain		Washing Machine		Trap Primer	
Dental Cuspidors		Dish Washer		Other	
				GRAND TOTAL	

* Gas pressure tests and gas line inspections require a separate permit & inspection (see miscellaneous permit application)

RESIDENTIAL

Application and first fixture \$60.00
 _____ Number of remaining fixtures x \$15.00 _____

TOTAL Inspection fee = _____

COMMERCIAL

Application and first fixture \$75.00
 _____ Number of remaining fixtures x \$20.00 _____

TOTAL Inspection fee = _____

State approved modular home plumbing inspection and Permit \$60.00

Re-Inspection fee (based upon disapproved inspection and collect by the Franklin County Board of Health ONLY) \$60.00

Isometric Approval from Franklin County is REQUIRED for all COMMERCIAL Plumbing Permit Applications. Must be submitted with application to Hilliard.

Franklin County Use: _____

* Indicate name of Certified Backflow Tester: _____

Approval Information: for office use only

Permit Number: _____
 Amount Paid: _____
 Date Issued: _____