

PIQUA CITY HEALTH DEPARTMENT
 201 W. Water St.
 Piqua, OH 45356
 937-778-2060
www.piquaoh.org

PERMIT # _____

DATE: _____



PLUMBING PERMIT APPLICATION

Application is hereby made for a permit to do plumbing as described in this application and is to be installed in accordance with the building and plumbing codes of the City of Piqua, Ohio.

LOCATION _____ RESIDENTIAL _____ COMMERCIAL _____

OWNER _____ PHONE # _____

OWNER'S ADDRESS _____
 (If different from above)

INSTALLER _____ BUSINESS PHONE# _____
 CELL PHONE# _____

FEES

BASIC PERMIT FEE	\$35.00	_____	PLAN REVIEW COMMERCIAL \$01/ft. (min \$25.00)	_____
PLAN REVIEW RESIDENTIAL	\$25.00	_____	SEWER SERVICE CONNECTION	\$35.00
WATER SERVICE CONNECTION	\$35.00	_____	STORM SEWER LATERAL	\$20.00
SPECIAL INSPECTION	\$100.00	_____	WATER HEATER REPLACEMENT	\$20.00
FIXTURES	\$10.00 EACH	_____	WATER SOFTENER REPLACEMENT	\$20.00

TOTAL DUE: \$ _____

FIXTURES	B	1	2	3	4	FIXTURES	B	1	2	3	4	FIXTURES	B	1	2	3	4
Water closet						Sink						Urinals					
Bath tub						Washing machine						Shower drain					
Floor drain						Mop sink						Garage drain					
Lavatories						Drinking fountain						Sump pump					
Laundry tray						Sewage injector						Water softener					
Dishwasher						Grease trap						Water heater					
Disposal						AAV						Backflow					

FOR COMMERCIAL FACILITIES:

Will this facility require a Food Service or Food Establishment License (pursuant to Chapter 3717 ORC)?
 YES _____ NO _____

NOTE: COMMERCIAL PLANS MUST BE APPROVED AND PERMITS SECURED BEFORE STARTING ANY WORK.

I agree to abide by all regulations of the Piqua City Health Department pertaining to plumbing installations.

Applicant's Signature _____

Address of Contractor _____

OFFICE USE ONLY AMOUNT PAID \$ _____ CK # _____ RECEIPT # _____

Taken by _____