

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 _____

INSTALLER _____

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 EA	_____	WATER SOFTENER REPLACEMENT	\$20.00 _____

TOTAL DUE: \$ _____

<i>FIXTURES</i>	B	1	2	3	4	<i>FIXTURES</i>	B	1	2	3	4	<i>FIXTURES</i>	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					

COMMERCIAL FACILITIES:

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

NOTE: 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 _____

Address _____

Phone numbers _____

OFFICE USE ONLY

AMOUNT PAID \$ _____

*Sewer connection copy to _____ Wastewater _____ Utilities
 11/10

Taken by _____