□ Remodel

	madisonpublichealth.org	740-852-3065	info@madisonpubli	chealth.org	Prevent. Promote. Protect.
Job Address				Township/Villa	ge/City

□ Residential

Fixture	Fixture Count		Count	F
Air Admittance Valve		Eye Washer		Sink, 3 Con
Air Hammer Arrestor	ammer Arrestor		1	Sink, Bar
Automatic Clothes Washer		Hot Water Heater		Sink, Exam
Backflow Preventers		Hot Water Recirc. Sy	stem	Sink, Floor
Back Water Valve		Ice Bin		Sink, Food
Bath Tubs		Ice Machine (not within re	efrigerator)	Sink, Hand
Bed Pan Washers		Interceptor, Garage	/ Oil	Sink, Kitche
Bidet		Interceptor, Grease		Sink, Utility
Coffee Maker		Interceptor, Solid		Sterilizers
Dental Cuspidors		Laundry Tub		Sump Pum
Dilution Sump		Lavatories (bathroor	n sink)	Tempering
Dish Washers		Lift Station		Trap Primer
Drinking Fountain		Pedicure Chair		Urinal
Drain, Floor		Piping System, Sanito	ary	Washing M
Drain, Hub		Piping System, Storm		Water Clos
Drain, Roof Storm		Piping System, Wate	r	Water Store
Orain, Roof Secondary		Remove & Cap Fixture		Whirlpool T
Drain, Trench		Rough In Future Fixtu	ire	Other
kpansion Tank		Showers		Total Fixtur
RESIDENTIAL Fees			COMMERCIAL	Fees
Application Fee & 1st Fixto	Jre	\$60.00	Application Fee	& 1st Fixture
(# of fixtures @ \$15.00 each) \$7	15.00 X		(# of fixtures @ \$ 20.	00 each) \$20.00

Fixture	Count
Sink, 3 Compartment	
Sink, Bar	
Sink, Exam Room	
Sink, Floor	
Sink, Food Prep	
Sink, Hand Washing	
Sink, Kitchen	
Sink, Utility / Mop	
Sterilizers	
Sump Pump	
Tempering Valve	
Trap Primer	
Urinal	
Washing Machine	
Water Closets (Toilets)	
Water Storage Tank	
Whirlpool Tub	
Other	
Total Fixtures All Columns	

□ Commercial

RESIDENTIAL Fees	
Application Fee & 1st Fixture	\$60.00
(# of fixtures @ \$15.00 each) \$15.00 X	
Total Amount Due	

COMMERCIAL Fees	
Application Fee & 1st Fixture	\$200.00
(# of fixtures @ \$ 20.00 each) \$20.00 X	
Total Amount Due	

Reviewed By

Miscellaneous Fees

□ New

State Approved Modular Home Inspection	□ \$60.00	\$100.00 Reinspection Fee (for all disapproved inspections)
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Plumber/Homeowner Information

Homber/Homeowner information					
Master Plumber/Homeowner (Homeowner must include signed affidavit)			MCPH Master Plumber Registration Number		
Address			Contact Name		
City State Zip		Zip	Phone Number		
The undersigned hereby applies for a permit to perform plumbing services and allow an inspection of the work performed at the location sited below in accordance with Chapter 4101:2-51 of the Ohio Administrative Code.					
Signature			Email Address		
Office Use Only		•			

Receipt #

Plumbing permits will expire one (1) year from the date of issuance. Permits issued in December require registration for the following year. Make checks or money orders payable to Madison County Public Health.

Cash Check Card

Last Review Date & Reviewer: Next Review Date:

Permit #

12/01/2017 12/09/2019 CC 12/09/2020

Date Issued*

Application Approved ☐ Yes ☐ No