



**Madison County  
Public Health**

Madison County Public Health  
306 Lafayette Street  
London, Ohio 43140  
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info@madisonpublichealth.org

# Plumbing Permit Application

Plumbing Program

Inspections: 614-525-3160 or  
madisonpublichealth.org

Job Address	Township/Village/City
<input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	

Fixture	Count
Air Admittance Valve	
Air Hammer Arrestor	
Automatic Clothes Washer	
Backflow Preventers	
Back Water Valve	
Bath Tubs	
Bed Pan Washers	
Bidet	
Coffee Maker	
Dental Cuspidors	
Dilution Sump	
Dish Washers	
Drinking Fountain	
Drain, Floor	
Drain, Hub	
Drain, Roof Storm	
Drain, Roof Secondary	
Drain, Trench	
Expansion Tank	

Fixture	Count
Eye Washer	
Garage Catch Basin	
Hot Water Heater	
Hot Water Recirc. System	
Ice Bin	
Ice Machine (not within refrigerator)	
Interceptor, Garage / Oil	
Interceptor, Grease	
Interceptor, Solid	
Laundry Tub	
Lavatories	
Lift Station	
Pedicure Chair	
Piping System, Sanitary	
Piping System, Storm	
Piping System, Water	
Remove & Cap Fixture	
Rough In Future Fixture	
Showers	

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	
Water Storage Tank	
Whirlpool Tub	
Other	
<b>Total Fixtures All Columns</b>	

RESIDENTIAL Fees	
Application Fee & 1 <sup>st</sup> Fixture	\$60.00
(# of fixtures @ \$15.00 each) \$15.00 X _____	
<b>Total Amount Due</b>	

COMMERCIAL Fees	
Application Fee & 1 <sup>st</sup> Fixture	\$200.00
(# of fixtures @ \$ 20.00 each) \$20.00 X _____	
<b>Total Amount Due</b>	

### Miscellaneous Fees

State Approved Modular Home Inspection <input type="checkbox"/> \$60.00	\$100.00 Reinspection Fee (for all disapproved inspections)
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### Plumber/Homeowner Information

Master Plumber/Homeowner (Homeowner must include signed affidavit)	MCPH Master Plumber Registration Number
Address	Contact Name
City                      State                      Zip	Phone Number
<b>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.</b>	
Signature	Email Address

### Office Use Only

Permit #	Date Issued*	Cash Check Card	Receipt #	Reviewed By	Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
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\* 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.