



Clermont County Public Health

Prevent. Promote. Protect

Plumbing Application

Office Use Only

Permit No: _____

Date Received: _____

Total Fixture Count: _____

Property Information

**Required*

*Street No: _____ *Street Name: _____

*Township: _____ Subdivision (if applicable): _____

*Nearest Intersection: _____

- Residential-1, 2, or 3 Family Public Water
 Non-Residential (Commercial) Private Water (well or cistern)

All lots must be properly identified with lot or street number

Type of Work

Check all that apply

- New Construction Addition Remodel Laundry Tie-In
 Fixture Replacement (select foundation type) Change of piping system? _____
 Sewer Line Replacement Basement Yes No Operation Permit #
 Water Line Replacement Crawl Slab

Detailed Description of Work

**Required*

| Fixture | Count | Fixture | Count | Fixture | Count | Fixture | Count |
|---------------|-------|--------------------|-------|-----------------------|-------|----------------|-------|
| Water Closets | | Dishwasher | | BF Prev. Testable | | Roof Drains | |
| Lavatories | | Garbage Disposal | | BF Prev. Non-Testable | | Sewage Ejector | |
| Bath Tubs | | Water Heater | | Whirlpool Tub | | Chem. Sink | |
| Showers | | Sump Pump | | Urinal | | Dilution Sump | |
| Sinks | | Interceptors | | Drinking Fountain | | Other _____ | |
| Laundry Trays | | Indirect Waste | | Water Softeners | | Other _____ | |
| Floor Drains | | Sewer Rep./Replace | | Slop Sinks | | Other _____ | |
| Washer Box | | Water Dist. System | | Bar Waste | | Other _____ | |

Owner/General Contractor

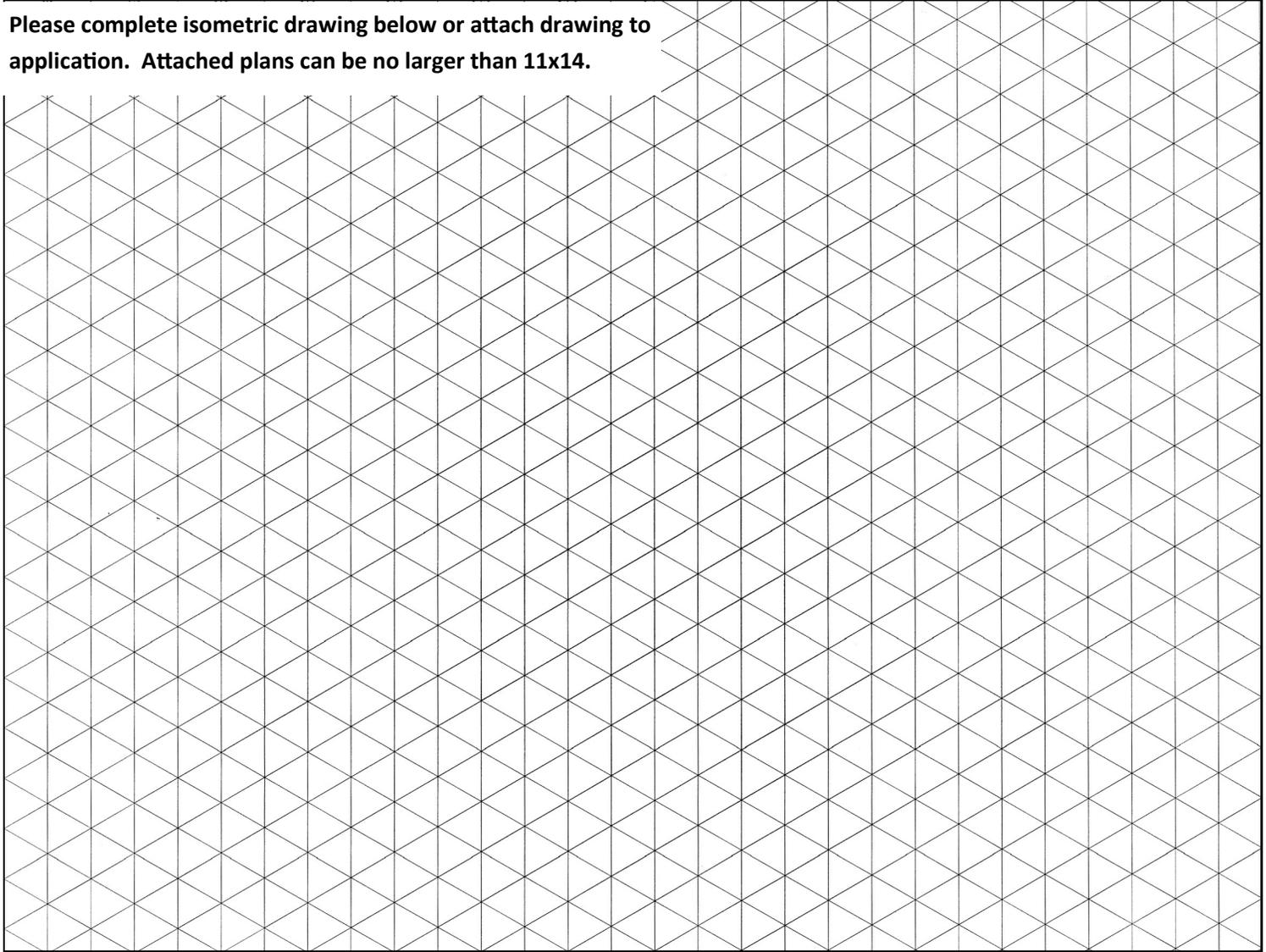
Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____ Phone: _____
 Email: _____

Contractor:

Reg. Plumber Homeowner

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____ Phone: _____

Please complete isometric drawing below or attach drawing to application. Attached plans can be no larger than 11x14.



Plans must be approved and permit secured before commencing work. Permit valid only if work is started within 90 days from date of issuance and will expire 1 year from the date of issue. Application is hereby made to Clermont County Public Health for permission to install plumbing in accordance with this application, and subject to rules and regulations for installation and inspection of plumbing and private sewage disposal in Clermont County, Ohio.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his or her authorized agent and we agree to conform to all applicable laws of the State of Ohio and the County of Clermont.

Print Name: _____

Signature: _____ Date: _____