



Community Development Plumbing Application

Project Information	Address _____ Parcel Number _____																																
	Lot Number / Subdivision or Project Name _____																																
	Building Permit # _____																																
	General Contractor Name _____																																
	Scope of Work _____ *FCPH information is required for both Residential and Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Commercial FCPH approval # _____ FCPH approval date _____ • Provide a copy of the FCPH approval notice with this application																																
Signature	Does this project include a Food Service Operation or a Retail Food Establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No																																
	Contractor: _____																																
	Address: _____																																
	City, State, Zip: _____																																
	Phone number: _____																																
	Fax: _____																																
	Email: _____																																
	Contact Person: _____																																
	Work Items (see worksheet on next page)																																
	<table><tr><td>Plumbing Base Fee</td><td></td><td>135.00</td><td>_____</td></tr><tr><td>Commercial Fixture Fee</td><td>Total fixture count</td><td>_____ x \$40.00</td><td>_____</td></tr><tr><td>Commercial Subtotal</td><td></td><td></td><td>_____</td></tr><tr><td>Commercial 3% State Fee</td><td>above subtotal</td><td>x .03 of the above fees</td><td>_____</td></tr><tr><td>Residential Fixture Fee</td><td>Total fixture count</td><td>_____ x \$20.00</td><td>_____</td></tr><tr><td>Residential Subtotal</td><td></td><td></td><td>_____</td></tr><tr><td>Residential 1% State Fee</td><td>above subtotal</td><td>x .01 of the above fees</td><td>_____</td></tr><tr><td>Total Fees Due</td><td></td><td></td><td>_____</td></tr></table>		Plumbing Base Fee		135.00	_____	Commercial Fixture Fee	Total fixture count	_____ x \$40.00	_____	Commercial Subtotal			_____	Commercial 3% State Fee	above subtotal	x .03 of the above fees	_____	Residential Fixture Fee	Total fixture count	_____ x \$20.00	_____	Residential Subtotal			_____	Residential 1% State Fee	above subtotal	x .01 of the above fees	_____	Total Fees Due		
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I hereby certify that I am the owner of the named property, or 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/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.																																	
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 the Ohio Plumbing Code and Franklin County Public Health Regulation 103.																																	
Applicant Signature _____ Date _____																																	

Department Address: 7815 Walton Parkway • New Albany, Ohio 43054 • Phone 614.939.2254

Mailing Address: 99 West Main Street • P.O. Box 188 • New Albany, Ohio 43054

Please use this worksheet to figure total fixture counts for each permit and enter the count and total cost into the permit application.

Fixture	Count
Air Admittance Valve	
Air Hammer Arrestor	
Autoclave/Sterilizer	
Automatic Clothes Washer	
Back Water Valve	
Backflow Preventer	
Bathtub and/or Valve	
Bed Pan Washer	
Bidet	
Coffee Maker	
Dental Cuspidors	
Dilution Sump	
Dishwasher	
Drain, Floor	
Drain, Hub	
Drain, Roof Storm Primary	
Drain, Roof Secondary	
Drain, Trench	
Drinking Fountain	
Expansion Tank	
Eye Wash	
Hot Water Recirc. System	
Ice Bin	
Ice Machine (not within refrigerator)	
Industrialized Unit	
Interceptor, Grease	
Interceptor, Oil	
Interceptor, Solid	
Laundry Sink	
Lavatory	

Fixture	Count
Lift Station (Sanitary)	
Mixing Valve ASSE 1017	
Pedicure Chair	
Piping Sanitary Repair	
Piping Storm Repair	
Piping Water Repair	
Remove & Cap Fixture	
Rough In Future Fixture	
Shower and/or Valve	
Sink, 3 Compartment	
Sink, Bar	
Sink, Exam Room	
Sink, Floor	
Sink, Food Prep	
Sink, Hand Washing	
Sink, Kitchen	
Sink, Mop	
Sink, Utility	
Sterilizers	
Sump Pump	
Tempering Valve ASSE 1070	
Trap Primer	
Urinal	
Washing Machine, Clothes	
Water Closets	
Water Heater	
Water Storage Tank	
Whirlpool Tub	
Other	
Total Fixtures All Columns	

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