

ATTN: Plumbing 250 William Howard Taft Road, 2nd Fl Cincinnati, Ohio 45219

Permit No.		
Date Received		

PREVENT. PROMOTE. PROTECT.

APPLICATION FOR PERMIT TO INSTALL PLUMBING

PLEASE PR	RINT																	
Project Address: Unit # City/Town				nship / Village (not Cinti.)			Is th		oject new construction of lew Construction			or a remodel? Remodel/Alt.			Demo	_		
Commercial Facility Name Residenti			tial Owner Name			Hov	v will the		building be occupied			Condo Apt		Commercial	_			
Building Permit #: COPY OF PERMIT MUST BE INCLUD			INCLUDED V	LUDED WITH APPLICATION MSD / STS Permit #			<u></u>			<u>-</u>						_		
Please indi	cate th	e number	of each type	of fixture	you plar	n to in	stall in	the box pr	ovi	ded b	elow	/ each	fixtu	ure t	vpe:			_
(circle one) New Fixtures or		Water Closet	Bath	Lav.	Sink		y Tray	Shwr	Gar Dis			Dish Wsh		Washer			Urinal	
		D : 1:			Charma		•											
		Drinking Fountain	Water Heater	Floor Drain	Storm Ldr Ad		Air mit VIv			Inter- ceptor		other F	ixtur	es:				
Residential & Commercial Plan Review Fixtures Plan Review Submission Options Expedited Plan Review Plan Review Submission Options									Plan Review	=								
# of fixtures cost 1-10 \$50			tot	HCPH requests that plans be submitted digitally a we offer scanning services for a														
11-2	5	\$65			pages	pages size				cc	cost per page			\$500				
26-5	50	\$90						8.5"x11	11"		\$	\$3/page			_		_	
>51	>51 \$150						>8.5"x1	11"		\$	10/pa	ge						
Testa	ble Ba	ackflow Dev	vices:	Fixture (Charges													
# Devices Fee Per Device Total Fee							tures = \$281											
			3 Fixtures = \$105 8 Fixtures								8 Fixture							
	X	\$30.00	\$	4 Fixtures = \$127 5 Fixtures = \$149									¥ ·-·				es = \$567 I Fixture +\$22	
Water Line (outside only) ft Water Line Fee \$ Total Fixtures Fixture Fee \$ Fixture Fee \$ Total Fixtures Fixture Fee \$ Total Fixture Fee \$																		
The above listed fixtures drain to: Sanitary Sewer STS + Add Water Line Fee & Fixture Fee +																		
In consideration of permission given, the undersigned does hereby covenant and agree to comply with all the plumbing laws of the State of Ohio and the regulations of Hamilton County General Health District and																		
acknowledges the permit must be secured before commencing work. Total Fee Due																		
Plumbing Company Name:					Office	e Phone	Number:										Ī	
Plumbing Contractor Contact and Cell Phone Number:					Plumbing Contractor Contact E-mail Address:													
Payment Type: Escrow #					heck	neck To pay with a credit card, go to hcph.org												
Contractor Check List: Building Permit Included						Dr	awings/Pla	ans	Includ	ded	F	ee I	Inclu	ded			_	
Registered Plumbing Contractor: Signature:																		
FOR OFFIC		ONLY:		TB							<u></u>							
Amount Recei	ved:			·	Receipt #:					Plan Examiner Approval:								
Date: Inspec ☐ No upper rough insp. w/o sewer permit#			Inspection	tion Dates						⊔ate	s Final							
☐ Hold application			π															