

Permit No.
Date Received

APPLICATION FOR PERMIT TO INSTALL PLUMBING

PLEASE PRINT

Project Address:	Unit #	City/Township / Village (not Cinti.)	Is the project new construction or a remodel? <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel/Alt. <input type="checkbox"/> Demo
Commercial Facility Name	Residential Owner Name		How will the building be occupied: <input type="checkbox"/> 1 family <input type="checkbox"/> 2 family <input type="checkbox"/> Condo <input type="checkbox"/> Apt <input type="checkbox"/> Commercial
Building Permit #:	COPY OF PERMIT MUST BE INCLUDED WITH APPLICATION		MSD / STS Permit #: Force Main? Yes No

Please indicate the number of each type of fixture you plan to install in the box provided below each fixture type:

(circle one) New Fixtures or Replacement Fixtures	Water Closet	Bath	Lav.	Sink	Ldry Tray	Shwr	Gar Disp	Dish Wshr	Washer Box	Urinal	
	Drinking Fountain	Water Heater	Floor Drain	Storm Ldr	Air Admit Vlv	Sump Ejector	Inter-ceptor	Other Fixtures:			

Residential & Commercial Plan Review Fixtures			Plan Review Submission Options			Expedited Plan Review <input type="checkbox"/> \$500
# of fixtures	cost	total	HCPH requests that plans be submitted digitally at no cost . For your convenience, we offer scanning services for an additional fee.			
1-10	\$50		# of pages	size	cost per page	
11-25	\$65			8.5"x11"	\$3/page	
26-50	\$90			>8.5"x11"	\$10/page	
>51	\$150					

Testable Backflow Devices:			Fixture Charges																								
# Devices	Fee Per Device	Total Fee	1 Fixture = \$61	2 Fixtures = \$83	3 Fixtures = \$105	4 Fixtures = \$127	5 Fixtures = \$149	6 Fixtures = \$171	7 Fixtures = \$193	8 Fixtures = \$215	9 Fixtures = \$237	10 Fixtures = \$259	11 Fixtures = \$281	12 Fixtures = \$303	13 Fixtures = \$325	14 Fixtures = \$347	15 Fixtures = \$369	16 Fixtures = \$391	17 Fixtures = \$413	18 Fixtures = \$435	19 Fixtures = \$457	20 Fixtures = \$479	21 Fixtures = \$501	22 Fixtures = \$523	23 Fixtures = \$545	24 Fixtures = \$567	Additional Fixture +\$22
	X \$30.00	\$																									

Water Line (outside only) ft Water Line Fee \$ Total Fixtures Fixture Fee \$
0-250 ft = \$61; Additional 10 ft +\$1

 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 Phone Number:
Plumbing Contractor Contact and Cell Phone Number :	Plumbing Contractor Contact E-mail Address:

 Payment Type: Escrow # _____ Check **To pay with a credit card, go to hcuph.org**

 Contractor Check List: Building Permit Included Drawings/Plans Included Fee Included ←

Registered Plumbing Contractor:	Signature:
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FOR OFFICE USE ONLY:		
Amount Received:	Receipt #:	Plan Examiner Approval:
Date:	Inspection Dates	Dates Final
<input type="checkbox"/> No upper rough insp. w/o sewer permit # <input type="checkbox"/> Hold application for building permit #		