

Permit # \_\_\_\_\_

Date of Issuance \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATION FOR A  
RESIDENTIAL PLUMBING PERMIT  
ERIE COUNTY GENERAL HEALTH DISTRICT**

420 Superior Street

Sandusky, Ohio 44870

Phone: 419-626-5623 Ext. 206

Fax: 419-624-3358

[plumbing@eriecohealthohio.org](mailto:plumbing@eriecohealthohio.org)

City/Village/Township: \_\_\_\_\_

Building Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Hm: \_\_\_\_\_ Other: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Wk: \_\_\_\_\_ Other: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Wk: \_\_\_\_\_ Other: \_\_\_\_\_

Plumbing License ID# \_\_\_\_\_

**DESCRIPTION OF WORK TO BE PERFORMED:**

**How Occupied:**

\_\_\_\_\_ New Dwelling \_\_\_\_\_ One Family \_\_\_\_\_ Two Family \_\_\_\_\_ Three Family \_\_\_\_\_ Addition \_\_\_\_\_ Other

**Water Supply From:** \_\_\_\_\_ Community \_\_\_\_\_ Private Well \_\_\_\_\_ Individual \_\_\_\_\_ Cistern

**Waste Water Connects To:** \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic Tank \_\_\_\_\_ On-Site Disposal Systems

Size of Main Drain: \_\_\_\_\_ Size of Main Vent Stack: \_\_\_\_\_

Fixture	Count	Fixture	Count	Fixture	Count
Air Admittance Valves		Whirlpool Baths		Tubs, Bath	
Backflow Devices		Ice Makers		Tubs, Laundry	
Bidets		Interceptors, Garage/Oil		Urinals	
Drains, Floor		Lavatories		Valves, Pressure Reducer	
Expansion Tanks		Sewage/Ejectors		Washers, Cloths	
Fountains, Decorative		Showers		Washers, Dish	
Garbage Disposals		Sinks, Bar		Water Closets	
Hose Bibbs, Outside		Sinks, Kitchen		Water Heaters	
Hot Water Dispensers		Sump-Pumps		Water Softener	
<b>TOTAL FIXTURE COUNT</b>					

**Plan Review Schedule: Must Choose One!**

1 – 20 Fixtures/Traps	\$40.00
20 – 45 Fixtures/Traps	\$70.00
46 – 80 Fixtures/Traps	\$100.00
> 80 Fixtures/Traps	\$130.00

Applicable Plan Review Amount From Above

Permit Application \$ 50.00

Total Fixture Count @ \$10.00 Each = \$ \_\_\_\_\_

Total Plumbing Permit Fees

Check # \_\_\_\_\_ Total Plumbing Permit Fees \$ \_\_\_\_\_

I hereby certify that the owner of record authorizes 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 agent and we agree to all applicable laws of this jurisdiction.

\_\_\_\_\_  
Signature of Applicant (Contractor or Home Owner)

\_\_\_\_\_  
Application Date