



**PORTAGE COUNTY HEALTH DEPARTMENT**  
**705 Oakwood Street Ravenna, OH 44266**  
 PHONE: 330-296-9919 FAX: 330 297-3597

## RESIDENTIAL PLUMBING PERMIT APPLICATION

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Property Location (number and street) \_\_\_\_\_ Township/Village \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Owner's Mailing Address \_\_\_\_\_ Owner's Phone # \_\_\_\_\_  
 New: \_\_\_\_\_ Remodel: \_\_\_\_\_ Addition: \_\_\_\_\_

- PLEASE NOTE:**
- PLUMBING PERMIT WILL EXPIRE ONE YEAR FROM THE ISSUE DATE
  - No underground or rough inspections will be performed until a permit number has been issued
  - Each permit includes one (1) rough and one (1) final inspection.
  - At time of application only, additional inspections can be applied for \$35.00.
  - After initial application, a \$50.00 fee will be assessed for each additional inspection.

Master Plumber's Signature\* \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

Homeowner's Signature (if applicable)\* \_\_\_\_\_ Date \_\_\_\_\_

**\* I hereby certify that all work will be done in accordance with the state and local regulations.**

Applicant or Master Plumber's Name: \_\_\_\_\_

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

Telephone/Fax: \_\_\_\_\_ / \_\_\_\_\_

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

PCHD Registration #: (if applicable): \_\_\_\_\_

Description	Charge Each	Total
Water Closet (Toilet)	\$ 8.00	\$
Lavatories	8.00	
Kitchen Sink	8.00	
Bath Tub	8.00	
Shower	8.00	
Utility Sink	8.00	
Washing Machine	8.00	
Wash Fountain	10.00	
Dish Washer	6.00	
Water Heater	15.00	
Garbage Disposal	6.00	
Shampoo Bowl	6.00	
Floor Drain	8.00	
Sump Pump/Footer	10.00	
Backflow	10.00	
Water Line	10.00	
Building Drain	15.00	
Stacks	10.00	
Air Admittance Valve	10.00	

Description	Charge Each	Total
Urinals	\$ 8.00	\$
Drinking Fountain	8.00	
Commercial Sink	8.00	
Inside Conductor	10.00	
Garage Interceptor	20.00	
Grease Trap	20.00	
Swimming Pool	10.00	
Sewer Ejector	20.00	
Mop Basin	8.00	
Sand Trap	8.00	
Bar Connections	10.00	
Soda Fountain	10.00	
Dishwasher Comm.	10.00	
Underground Insp.	35.00	
Storm Drain	20.00	

Total Charges: \$ \_\_\_\_\_  
 Administrative Fee: \$ 50.00

Grand Total: \$ \_\_\_\_\_

Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Check #: \_\_\_\_\_

Approved by: \_\_\_\_\_