



Clermont County Public Health

Prevent. Promote. Protect

Plumbing Application

Office Use Only

Permit No:	_____
Date Received:	_____
Total Fixture Count:	_____

Property Information

**Required*

*Street No: _____ *Street Name: _____

*Township: _____ Subdivision (if applicable): _____

*Nearest Intersection: _____

- Residential-1, 2, or 3 Family Public Water
 Non-Residential (Commercial) Private Water (well or cistern)

All lots must be properly identified with lot or street number

Type of Work

Check all that apply

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition
<small>(select foundation type)</small> | <input type="checkbox"/> Remodel | <input type="checkbox"/> Laundry Tie-In |
| <input type="checkbox"/> Fixture Replacement | <input type="checkbox"/> Basement | Change of piping system?
<input type="checkbox"/> Yes <input type="checkbox"/> No | _____ Operation Permit # |
| <input type="checkbox"/> Sewer Line Replacement | <input type="checkbox"/> Crawl | | |
| <input type="checkbox"/> Water Line Replacement | <input type="checkbox"/> Slab | | |

Detailed Description of Work

**Required*

Fixture	Count	Fixture	Count	Fixture	Count	Fixture	Count
Water Closets		Dishwasher		BF Prev. Testable		Roof Drains	
Lavatories		Garbage Disposal		BF Prev. Non-Testable		Sewage Ejector	
Bath Tubs		Water Heater		Whirlpool Tub		Chem. Sink	
Showers		Sump Pump		Urinal		Dilution Sump	
Sinks		Interceptors		Drinking Fountain		Other _____	
Laundry Trays		Indirect Waste		Water Softeners		Other _____	
Floor Drains		Sewer Rep./Replace		Slop Sinks		Other _____	
Washer Box		Water Dist. System		Bar Waste		Other _____	

Owner/General Contractor

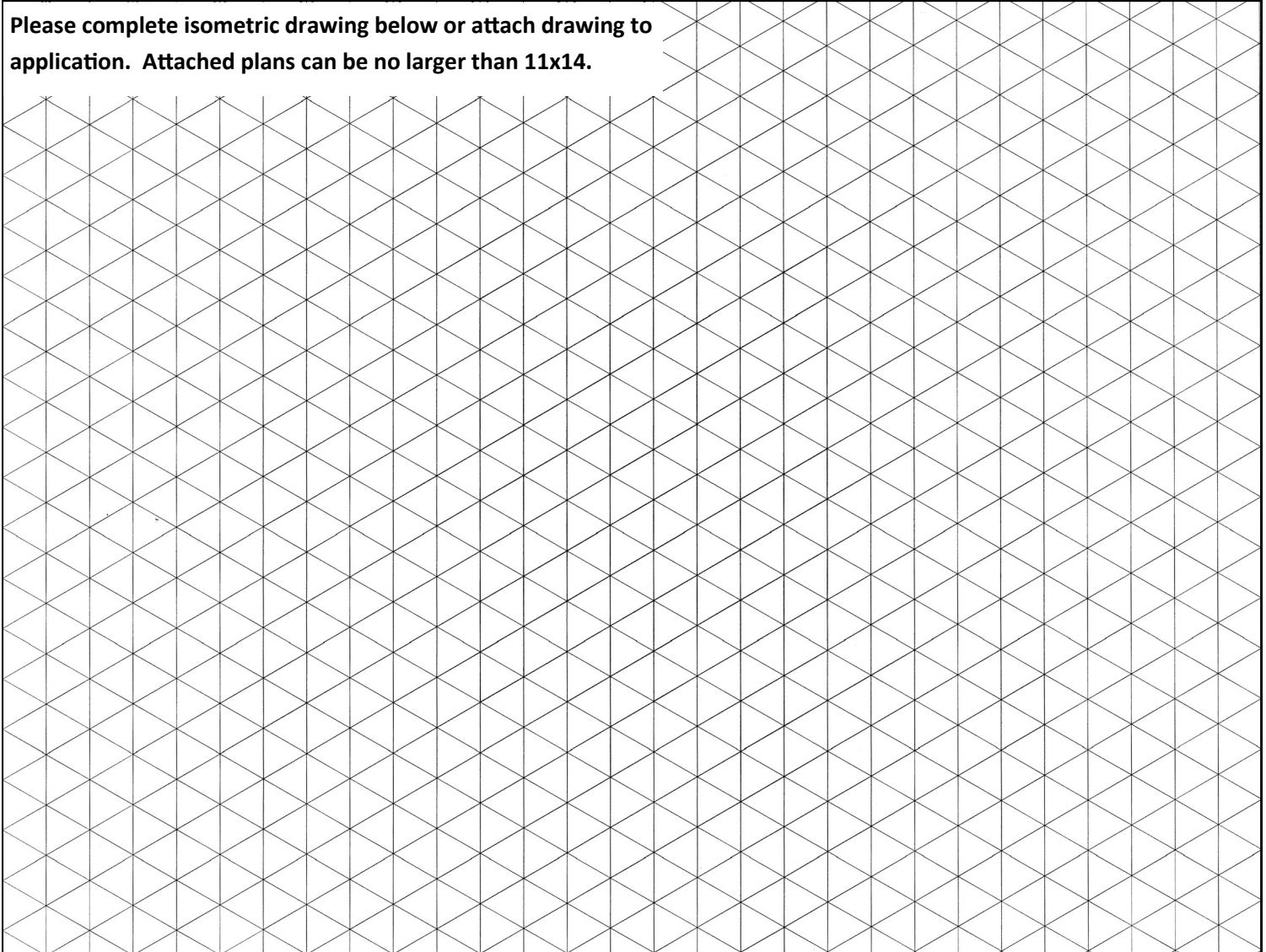
Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____ Phone: _____
 Email: _____

Contractor:

Reg. Plumber Homeowner

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____ Phone: _____

Please complete isometric drawing below or attach drawing to application. Attached plans can be no larger than 11x14.



Plans must be approved and permit secured before commencing work. Permit valid only if work is started within 90 days from date of issuance and will expire 1 year from the date of issue. Application is hereby made to Clermont County Public Health for permission to install plumbing in accordance with this application, and subject to rules and regulations for installation and inspection of plumbing and private sewage disposal in Clermont County, Ohio.

I hereby certify 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 or her authorized agent and we agree to conform to all applicable laws of the State of Ohio and the County of Clermont.

Print Name: _____

Signature: _____ Date: _____