

**COMMERCIAL/
4+FAMILY
PLUMBING**

**VILLAGE OF GROVEPORT
APPLICATION FOR INSPECTION OF PLUMBING**

655 BLACKLICK STREET
GROVEPORT, OH 43125
614-836-5301 FAX 614-836-1953

PERMIT # _____

Date Permit Issued _____

Amount Paid _____

Application Date _____

The undersigned hereby applies for a permit to do plumbing and an inspection of same at the following location and in accord with Chapter 4101:2-51 of the Ohio Administrative Code, and all regulations of the Franklin County Board of Health.

TO BE FILLED IN BY APPLICANT

Job Address _____ City _____

New Remodel Residential Commercial

Property Owner _____

Does the sewer discharge into an individual sewage disposal system or sanitary sewer? _____

How far distant from any dwelling, well or cistern is the sewage tank? _____

What is the size of the main drain? _____ Of what materials do the vent pipes consist? _____

Of what materials does the drain consist? _____

	Qty.		Qty.		Qty.
Air Admittance valve		Garbage Disposal		Showers	
*Backflow Preventers		Hot Water Heater		Sterilizers	
Bath Tubs		Interceptor		Sump Pump	
Bed Pan Washers		Kitchen Sink		Trap Primer	
Bidet		Laundry Trays		Urinal	
Chemical Sinks		Lavatories		Wash Fountain	
Dental Cuspidors		Mop Sinks		Washing Machine	
Dilution Sump		Outside Faucets		Water Closets	
Dish Washers		Roof Drains		Water Lines	
Drinking Fountain		Rough-in Openings for Future		Water Storage Tank	
Floor Drains		Sewage Ejectors		Other	
Garage Catch Basin				GRAND TOTAL	

HOT WATER TANK REPLACEMENT FEE \$35.00

**PLEASE
PRINT**

APPLICANT'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBER _____ REGISTRATION CERTIFICATION # _____

*INDICATE NAME OF CERTIFIED BACKFLOW TESTER _____

INSTRUCTIONS

This blank must be properly filled out and returned to the office of the Groveport Division of Building Regulations at least four days prior to the date of the FIRST INSPECTION, accompanied by a fee calculated upon the following basis:

Application for permit & first fixture \$ 75.00
 _____ Number of remaining fixtures X \$ 20.00 = \$ _____
 Total Inspection fee \$ _____
 3% State of Ohio Fee (total inspection fee X 3% \$ _____
GRAND TOTAL FEES DUE \$ _____

Re-Inspection fee (based upon disapproved inspection and collected by the Franklin County Board of Health ONLY) \$60.00

MAKE CHECKS PAYABLE TO THE VILLAGE OF GROVEPORT

WHITE, CONTRACTOR — YELLOW, BOARD OF HEALTH — PINK, JOB SITE — GOLD, FILE COPY