



City of Groveport  
 Building & Zoning Department  
 655 Blacklick St  
 Groveport, OH 43125  
 614-830-2045

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

**INSPECTIONS - FRANKLIN COUNTY PUBLIC HEALTH 614-525-3160**

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 Franklin County Public Health.

Job Address \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone # \_\_\_\_\_

**COST of work covered by this application \$** \_\_\_\_\_

Residential       Commercial (including four (4) or more family units)

**TYPE OF WORK:**     New Work       Remodel

Re-inspection fee \$100.00 based upon disapproved inspection. Effective 01-01-17 Hot Water Heater Permits are charged "per fixture" rates plus 3% or 1% state fee.

Fixture	Count
Air Admittance Valve	
Air Hammer Arrestor	
Automatic Clothes Washer	
Backflow Preventers	
Back Water Valve	
Bath Tubs	
Bed Pan Washers	
Bidet	
Coffee Maker	
Dental Cuspidors	
Dilution Sump	
Dish Washers	
Drinking Fountain	
Drain, Floor	
Drain, Hub	
Drain, Roof Storm	
Drain, Roof Secondary	
Drain, Trench	
Expansion Tank	

Fixture	Count
Eye Washer	
Garage Catch Basin	
Hot Water Heater	
Hot Water Recirc. System	
Ice Bin	
Ice Machine (not within refrigerator)	
Interceptor, Garage / Oil	
Interceptor, Grease	
Interceptor, Solid	
Laundry Tub	
Lavatories	
Lift Station	
Pedicure Chair	
Piping System, Sanitary	
Piping System, Storm	
Piping System, Water	
Remove & Cap Fixture	
Rough In Future Fixture	
Showers	

Fixture	Count
Sink, 3 Compartment	
Sink, Bar	
Sink, Exam Room	
Sink, Floor	
Sink, Food Prep	
Sink, Hand Washing	
Sink, Kitchen	
Sink, Utility / Mop	
Sterilizers	
Sump Pump	
Tempering Valve	
Trap Primer	
Urinal	
Washing Machine	
Water Closets	
Water Storage Tank	
Whirlpool Tub	
Other	
<b>Total Fixtures - all columns</b>	

**CONTRACTOR NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**COMMERCIAL**

**RESIDENTIAL**

Application for permit & first fixture	\$200.00	Application for permit & first fixture	\$60.00
____ Number of remaining fixtures X \$20.00 =		____ Number of remaining fixtures X \$15.00 =	
Plan Review Fee: (If applicable)	\$172.50	Plan Review Fee: (If applicable)	
<b>Sub-total</b>		<b>Sub-total</b>	
3% State of Ohio Fee:		1% State of Ohio Fee:	
<b>Total Fee:</b>	\$	<b>Total Fee:</b>	\$

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Print Name of Applicant

Contact Phone number \_\_\_\_\_