WARREN COUNTY
COMBINED HEALTH DISTRICT
DIVISION OF PLUMBING
416 S. East Street, Lebanon, Ohio 45036
Ph 513-695-1476 or 513-261-1476
Fax 513-695-2941

PLUMBING APPLICATION

For Office Use Only
PERMIT NO. _____
FEE _____
DATE _____

FEES: $15.00 APPLICATION FEE, & $15.00 PER FIXTURE, $35.00 MINIMUM

APPLICATION IS HEREBY MADE FOR A PERMIT TO DO PLUMBING AS DESCRIBED IN THIS APPLICATION AND TO BE INSTALLED IN ACCORDANCE WITH THE PLUMBING CODE OF THE STATE OF OHIO.

Building Old _____ New _____ Class of Building Comm. _____ Res. _____ Building Drain Empties Sewer _____ Septic _____

OWNER'S NAME _____
JOB LOCATION _____

PLUMBING CONTRACTOR _____
NAME _____
ADDRESS _____
CITY _____
REG. NO. _____ **TEL. NO. (____)** _____

TWP. OR MUN. _____ **LOT NO.** _____

$50.00 COMMERCIAL PLAN REVIEW FEE O.P.C.L.# _____ **Exp. Date** _____

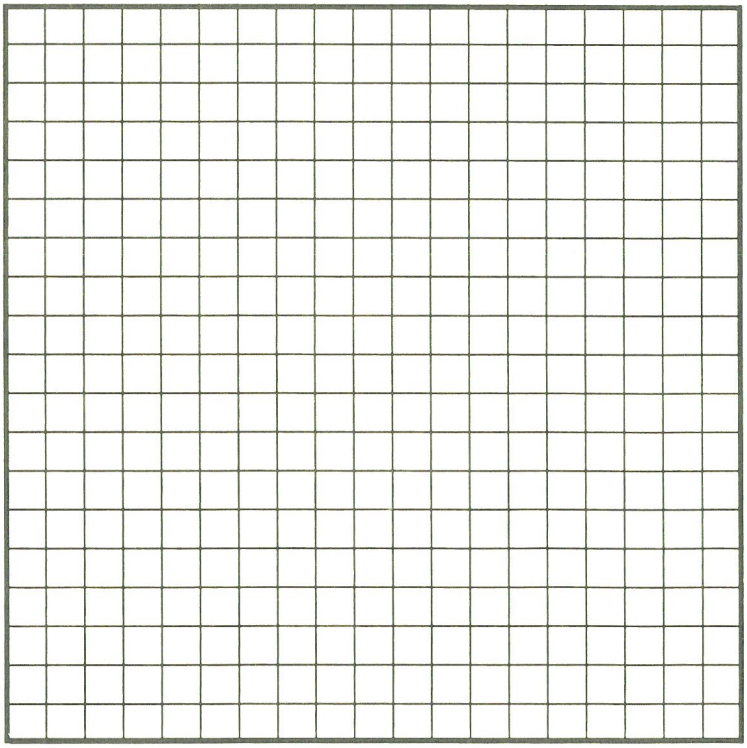
All information requested above must be provided

FIXTURES

Toilets		Water Heater	
Lavatories		Floor Drain	
Bath Tubs		Drinking Fountain	
Showers		Wash Fountain	
Whirlpool tubs		Interceptor	
Bidet		Primary Roof Drain	
Urinal		Secondary Roof Drain	
Kitchen Sink		Water Softener	
Dishwasher		Reverse Osmosis	
Garbage Disposal		Sewage Ejector	
Bar Sink		Building Drain	
Laundry Tray		Water Dist. System	
Washer Drain		Backflow Preventer	
Slop Sink		Air Admittance Valve	
		Back Water Valve	

APPROVALS

	Inspector's Initials	Date
1st Rough Plumbing		
2nd Rough Plumbing		
Final		

SAMPLE

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