



PLUMBING PERMIT APPLICATION

For Office Use Only Digital <input type="checkbox"/>	Plumbing Permit No: _____
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Part A - Identification

Project Address _____		Tenant/Floor/Suite/Unit/Lot _____	
Owner Information as Listed with HC Auditor		Contractor Information (REQUIRED)	
Name _____	Name _____	Cont. Reg#/Exp. Date _____	
Address _____	Address _____		
Contact Phone _____	Contact Phone _____		
Primary Contact on Project (REQUIRED)			
Name _____	Contact Phone _____	Contact Fax _____	
Address _____	Email Address _____		

Part B - Primary Use of the Main Building on Property (See Use Guide for Details) Use Group should mirror the Associated Building Permit

Current Use	Use Group	# Dwell Units	Proposed Use	Use Group	# Dwell Units
Associated Building Permit Number _____		Previous Plumbing Permit# for Add-On fixtures _____		Total # of Sheets in one set of drawings (Including specifications), if applicable _____	

Part C - Description or Scope of Work & Costs:

(a) Enter the Quantity of Fixtures									
Fixture	New		Replaced	Add-on	Fixture	New		Replaced	Add-on
	Piped/Installed	No Piping				Piped/Installed	No Piping		
Backflow Preventer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Drains: Primary/Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink: Kitch,Bar,Etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drain: Floor, Hub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking Fountain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ejector/Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Closet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lavatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Cost of outside Work					(a) Total Fixtures (Add the total of all fixtures)				
Storm <input type="checkbox"/>	Storm Tap Permit # _____		(c) Cost of Piping Inside building (piping repair/replacement - not associated with fixtures listed above)						
Sanitary <input type="checkbox"/>	Sanitary Tap Permit # _____								
Water Service Piping <input type="checkbox"/>	\$ _____		Description of Work: _____ \$ _____						

Part D - Authorizations

The owner or agent of this building and the undersigned do hereby certify that the information and statements given on this application, drawings and inspections are true and correct to the best of their knowledge. The undersigned further certifies their authorization to grant consent and does hereby grant consent to the inspection of the described premises at any time when work on those premises is ongoing by employees of the City of Cincinnati .

Applicant's Signature _____ **Date** _____

Total Cost of All Plumbing Work (Sections a+b+c)

\$ _____

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(a) \$ _____	(b) \$ _____	(c) \$ _____	Sub Total \$ _____	Total Fee
			State Fee \$ _____	
			Invest. Fee \$ _____	
Approved By _____		Date _____		

