



APPLICATION FOR COMMERCIAL PLUMBING PERMIT

The undersigned hereby makes application for a plumbing permit, according to the following specifications:

Company/ Contractor Name: _____

Address: _____ E-Mail: _____

City / State / Zip: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Project Name: _____

Project Address: _____

Owner Name: _____ Address: _____

City/State/Zip: _____ Phone # _____

Building Condition: _____ New _____ Old No. of Stories: _____ Building Use: _____

Water Piping Material: _____ Building Drain Size: _____

Building Drain Material: _____ DWV Material: _____

	#		#		#
AIR ADMITTANCE VALVE		HOSE BIBB		SUMP PUMP	
BACKFLOW DEVICE		SINKS, KITCHEN		URINAL	
BAR CONNECTION		LAUNDRY TRAP		WASH FOUNTAIN	
BATH TUBS		LAVATORIES		WASH RACK	
COMMERICAL SINKS		ROUGH-INS FOR FUTURE		WASH MACHINE	
DISHWASHER		SAND TRAP		WATER CLOSET	
DRINKING FOUNTAIN		SEWAGE EJECTOR		WATER HEATER	
FLOOR DRAIN		SHAMPOO BOWL		WATER LINE/DRAIN	
GARBAGE INTERCEPTOR		SHOWER		OTHER:	
GARBAGE DISPOSAL		SLOP SINK			
GREASE TRAP		SODA FOUNTAIN			

No part of any plumbing shall be covered until it has been inspected, tested, and approved by the City of Powell, Division of Building Regulations.

UNDERGROUND _____ **TOP OUT** _____ **FINAL** _____

Approved Disapproved Approved Disapproved Approved Disapproved

Plumbing Permit Application

Less than 10 fixtures \$75.00 / 10 or more \$100.00 \$ _____

Add \$20.00 per Fixture or Appliance- # _____ x \$20.00 = \$ _____

Subtotal: \$ _____

Add 3% of Subtotal for State of Ohio Surcharge \$ _____

Total: Payable to the City of Powell \$ _____

Signature of Applicant: _____ Date: _____