ID # _____

STARK COUNTY HEALTH DEPARTMENT
PLUMBING PERMIT APPLICATION

DATE _____ **20** _____

Residential ☐ New ☐
Commercial ☐ Remodel ☐
MFG Home ☐ Addition ☐
Property Transfer ☐ Water Heater ☐
Reroute ☐

Receipt # _____ Lock Box # _____

Township _____ Cross Street _____

ADDRESS _____
Street *City, Zip*

Job Name _____

Building Contractor _____

Phone Number _____

PLBG. Contractor _____

Phone Number _____

Address _____

TRAP/FIXTURE AMOUNTS

	QTY		QTY
Toilet		Urinals	
Bath/Shower		Floor Drains	
Bathroom Sink		Roof Drains	
Kitchen/Bar Sink		Water Cooler	
Garbage Disposal		Washer Box	
Dishwasher		Air Admit VLV	
Storm Water/Footer Sump		Utility Sink	

I hereby certify the above information to be true and correct under penalty of law.
All work is to be done in accordance with state and Stark County Health requirements.

SIGNED _____
SIGNATURE OF LICENSE HOLDER, PLUMBING CONTRACTOR

PERMIT AMOUNT

		QTY	
Trap/Fixture Amount Total	$15.00 x		0
Water Heater (New)	$25.00 x		0
Interceptor: OIL [] or GREASE []	$25.00 x		0
Backflow Preventer (Testable)	$20.00 x		0
Sealed Sump/Sewer Ejector	$20.00 x		0
Water Heater (Replacement)	$50.00 x		0
County Water Connection	$25.00 x		0
Addition Inspection Fee	$75.00 x		0
Residential Application Fee	$80.00 x		0
Commercial Application Fee	$135.00 x		0
		Subtotal	0.00
		Commercial Plan Review Fees	0
		PERMIT TOTAL	$ 0.00
THIS PERMIT IS NON-REFUNDABLE			

HEALTH DEPARTMENT USE ONLY

INSPECTION REPORTS

UNDERGROUND

DATE	TEST	APPROVAL #	INSPECTOR

Remarks: _____

ROUGH

DATE	TEST	APPROVAL #	INSPECTOR

Remarks: _____

FINAL

DATE	TEST	APPROVAL #	INSPECTOR

Remarks: _____

JOB COMPLETE [ ]

REINSPECTION FEES

AMOUNT	DATE BILLED	DATE PAID	AMOUNT	DATE BILLED	DATE PAID