Auglaize County Plumbing Permit Application

Permit No. _____

Miami County Public Health, under Contract with Auglaize County for
Plumbing Inspection Services

Plans Approved_____

510 W Water St, Suite 130, Troy, Ohio 45373
Phone 937-573-3504   Fax 937-573-3502

Call for inspection day before: 937-573-3504

PRINT
Location
Facility Name_____

Address _____Township _____

City _____State _____ Zip _____

OWNER'S INFORMATION

Name_____

Address _____Township_____

City _____State _____Zip_____

The undersigned hereby applies for a permit to do plumbing conforming to and for the inspection thereof as provided in the Ohio Plumbing Code.

Applicant's
Name_____

Address _____Phone _____
City _____State _____Zip _____

Signature of Applicant

Or Authorized Agent _____Date _____

Required: Plumbing Installer _____

Plumbing Contractor State License #_____ Expiration Date_____

FIXTURES	Floor			
	B	1	2	3
Water Closet				
Bath Tub				
Lavatories				
Shower				
Sink / Mop / Bar				
Garbage Disposal				
Dishwasher				
Laundry Tray				
Automatic Washer				
Floor Drain				
Ejector Pit				
Back Water Valve				
Air Admittance Valve				
Water Heater				
Water Softener				
Grease Trap /Interceptor				
Backflow				
Urinal				
Drinking Fountain				
Sump Pump				
Other				

NOTE: State Contractor License number required for ALL Commercial Plumbing.

- **Isometric drawing must be submitted with this Application**
- **Allow 30 days for plan approval.**
- **No portion of any building shall be occupied until final tests and inspections have been approved.**
- **A re-inspection fee of $31.25 whenever a re-inspection is necessary.**
- **Permits left dormant for more than 1 year, are subject to review & revocation.**

PLUMBING FEES	
Basic Permit $43.75	
Fixtures @ $18.75	
Main Stack $18.75	
Plan Review .0125 x Sq. Ft.	
No Payment Due until after Plan Review	
Minimum Commercial 2,500 sq. ft. $31.25	
Special Inspection Fee $125.00	
TOTAL DUE	

To charge your permit fees, please complete the following:
Name on Card _____ Day Time Phone Number _____

Circle one: Visa / Master Card / Discover   Number on Card _____

Expiration Date of Card _____   Zip Code of Name on Card _____   *CARD INFO NOT KEPT ON FILE
Revised 4/2018