

Ashtabula County
 Health Department
 12 West Jefferson St.
 Jefferson, OH 44047
 Phone 440-576-6010
 FAX 440-576-5527



Homeowner _____
 Plumber _____
 Fixture # _____

Plumbing Permit # _____
 Receipt # _____
 Initials _____
 Date _____
 Check # _____ Cash

Residential Plumbing Permit

Name _____
 Address _____

State _____ City _____ Zip _____
 Township _____
 Phone () _____
Mailing Address _____

Street _____

State _____ City _____ Zip _____

City Water
 City Sewer

Forms needed before permit can be issued:
 Zoning Permit
 Septic
 OK to Use

Operating & Maintenance Permit
 Yes _____ No _____

Septic Permit # _____

Water closets	
Lavoratories	
Bath tubs	
Bath tub whirlpool	
Showers	
Sinks, domestics	
Laundry tubs	
Floor drains	
Automatic washers	
Dishwashers	
Garbage disposals	
Urinals	
(A) TOTAL	

Office Use Only

R.E.H.S. _____

Plumbing Inspector _____