



# Ashtabula County Health Department

12 West Jefferson Jefferson, Ohio 44047

Tel: 440-576-6010 Option: 3 Fax: 440-576-0085

## Commercial Plumbing Application

Date: \_\_\_\_\_ \*\* The Cost of the Plumbing Permit is \$200.00 and \$12.00 a Fixture\*\*

*The applicant is applying for a permit to do plumbing and have inspections of said plumbing in accordance with 4101:3-15 of the Ohio Administrative Code, with authority from Section 3707.01 and 3709.21 of the Ohio Revised code.*

**Credit Card Payment-** The Credit card company will charge a processing fee, the greater of 2.29% or \$2.00.

**Permit Approval-** Is contingent upon the local Planning and Zoning Commission, architectural Review Board, Engineering & SWP3 authorization approval, if required.

**Reinspection Fee-** A Reinspection shall be required when the inspector must return to work that was not ready, approved prints not on job site, building was locked, and/or had a failed a previous inspection. Fee must be paid prior to scheduling final inspection, or two (2) fees are assessed on a project, and fees are due before the next inspection is scheduled. **\*\*\$70.00 Reinspection Fee\*\***

**FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF 1,000 OR BOTH.**

*By signing this application, you and the entity you represent are agreeing to be obligated and pay for addition review time and other fees associated with this project. You are further agreeing that failure to pay within 30 days of being billed may result in legal action and refusal of all future applications or permits until your account is brought current.*

*It is the contractor's responsibility to follow all local municipality rules, regulations, and registration requirements. Check with local municipality regarding any additional requirements.*

<input type="checkbox"/>	<b>Code Update</b>
--------------------------	--------------------

Name of Job: \_\_\_\_\_

Property Owners Name : \_\_\_\_\_ Property Owner Phone #: \_\_\_\_\_

Owners Mailing Address: \_\_\_\_\_

Property Owners Email: \_\_\_\_\_

Construction Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Street Address                      City                      Township                      State                      Zip Code

Plumbing Contractor \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Plumbers Address: \_\_\_\_\_

Owner or Owners Representative Signature: \_\_\_\_\_

Owner or Owners Representative Printed Name: \_\_\_\_\_

Plumbing Inspectors: John Dietrich: \_\_\_\_\_ Benjamin Lynch: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Plumbing Permit	
Receipt Number	
Fee Paid	
Date Paid	



# Ashtabula County Health Department

12 West Jefferson Jefferson, Ohio 44047

Tel: 440-576-6010 Option: 3 Fax: 440-576-0085

## Office Use Only

Type of Building: \_\_\_\_\_

Number of Fixtures: \_\_\_\_\_

Number of Ft. of Sanitary or Storm Sewer: \_\_\_\_\_

Number of Roof Drains: \_\_\_\_\_

Type of Sewage Treatment: \_\_\_\_\_

Date Of Plumbing Plan Review: \_\_\_\_\_

Plumbing Inspectors: John Dietrich: \_\_\_\_\_ Benjamin Lynch: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plumbing Permit	
Receipt Number	
Fee Paid	
Date Paid	