



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"/>	Code Update
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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	



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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	