

# R1 TRANSIENT RENTAL PLUMBING PERMIT APPLICATION

## HOCKING COUNTY HEALTH DEPARTMENT

350 SR 664 N., Logan, OH 43138

Ph: 740-385-3030 ext. 2 Fax: 740-385-2252



**Public Health**  
Prevent. Promote. Protect.

Hocking County Health Department

SITE ADDRESS:	CITY:	STATE:	ZIP:
PROPERTY OWNER:	TOWNSHIP:		
OWNER'S MAILING ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	CELL:	EMAIL:	
IS THIS A:	<input type="checkbox"/> PRIMARY RESIDENCE	<input type="checkbox"/> TRANSIENT RENTAL	<input type="checkbox"/> OTHER
PLUMBING CONTRACTOR:	PHONE:	CELL:	

PLUMBER'S MAILING ADDRESS:	CITY:	STATE:	ZIP:
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***I agree to install the plumbing in accordance with the Ohio Plumbing Code and plans as approved by the Hocking County Health Department. I further agree to contact the Health Department for the required inspections and understand the property cannot be occupied until final approval is given.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

WRITE IN THE NUMBER OF FIXTURES FOR EACH LISTED BELOW:

AIR INTAKE VALVE (AAV) _____	OUTSIDE FAUCET _____
BACKFLOW PREVENTER _____	PRESSURE REDUCING VALVE _____
BAR SINK _____	SEWAGE EJECTOR _____
BATH TUB _____	SHOWER _____
BUILDING DRAIN _____	SUMP PUMP _____
DISHWASHER _____	THERMAL EXPANSION DEVICE _____
FLOOR DRAIN _____	WASHER BOX _____
GARBAGE DISPOSAL _____	WATER CLOSET (TOILET) _____
ICE MAKER _____	WATER HEATER _____
KITCHEN SINK _____	WATER SOFTENER _____
LAUNDRY TUB _____	OTHER _____
LAVATORY _____	
TOTAL # FIXTURES: _____	

PLAN REVIEW FEE BASED ON NUMBER OF FIXTURES:

2 - 20 = \$40.00    
 21 - 40 = \$60.00    
 41 - 60 = \$80.00    
 61 - 100 = \$100.00    
 + 100 = \$150.00

	PERMIT APPLICATION FEE: \$ <u>100.00</u>
	PLAN REVIEW FEE: \$ _____
TOTAL # OF FIXTURES _____ X \$20.00 EACH:	\$ _____
PENALTY FOR PLUMBING PRIOR TO PERMIT ISSUANCE IS 50% OF PERMIT FOR FIRST OFFENSE THEN 100% OF PERMIT FOR EACH SUBSEQUENT OFFENSE: \$ _____	
	TOTAL PERMIT FEE \$ _____

\*\* PERMIT EXPIRES ONE YEAR AFTER ISSUANCE \*\*

ATTACH FLOOR PLAN AND ISOMETRICS FOR PLUMBING SYSTEM

ALL \$50 REINSPECTION FEES MUST BE PAID IN FULL PRIOR TO REINSPECTION

OFFICE USE ONLY	DATE RECEIVED: _____	RECEIPT #: _____
BUILDING PERMIT #: _____	PLAN/ISOMETRIC APPROVAL: _____	
DATE ISSUED: _____	PLUMBING PERMIT #: _____	COPY TO OWNER: _____