

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

999 East Main Street
Ravenna, Ohio 44266

Phone: 330-296-9919
Fax: 330-297-3597
E-mail: PCHD@portagehealth.net



Joseph J. Diorio, MPH, MS, REHS
Health Commissioner

Web: www.portagehealth.net

COMMERCIAL PLUMBING PERMIT APPLICATION

DATE: _____

PERMIT #: _____

Property Location (number and street) _____

Township/Village _____

Property Owner's Name _____

Owner's Mailing Address _____

Owner's Phone # _____

New: _____ Remodel: _____ Addition: _____ Commercial Kitchen: YES NO

PLEASE NOTE:

- PLUMBING PERMIT WILL EXPIRE ONE YEAR FROM THE ISSUE DATE.
- No underground or rough inspections will be performed until a permit number has been issued.
- Each permit includes one (1) rough and one (1) final inspection.
- At time of application only, additional inspections can be applied for \$35.00.
- After initial application, a \$50.00 fee will be assessed for each additional inspection.

Master Plumber's Signature* _____ License # _____ Date _____

Home Owner's Signature (if applicable)* _____ Date _____

***I hereby certify that all work will be done in accordance with the state and local regulations.**

Applicant or Master Plumber's Name: _____

Mailing Address: _____

Telephone/Fax: _____ Email Address: _____

PCHD Registration # (if applicable): _____

| Description | Charge Ea \$ | Total \$ |
|-----------------------|--------------|----------|
| Water Closet (Toilet) | 8.00 | |
| Lavatories | 8.00 | |
| Kitchen Sink | 8.00 | |
| Bath Tub | 8.00 | |
| Shower | 8.00 | |
| Utility Sink | 8.00 | |
| Washing Machine | 8.00 | |
| Wash Fountain | 10.00 | |
| Dish Washer | 6.00 | |
| Water Heater | 15.00 | |
| Garbage Disposal | 6.00 | |
| Shampoo Bowl | 6.00 | |
| Floor Drain | 8.00 | |
| Sump Pump/Footer | 10.00 | |
| Backflow | 10.00 | |
| Water Line | 10.00 | |
| Building Drain | 15.00 | |
| Stacks | 10.00 | |
| Air Admittance Valve | 10.00 | |

| Description | Charge Ea \$ | Total \$ |
|------------------------|--------------|----------|
| Urinals | 8.00 | |
| Drinking Fountain | 8.00 | |
| Commercial Sink | 8.00 | |
| Inside Conductor | 10.00 | |
| Garage Interceptor | 20.00 | |
| Grease Trap | 20.00 | |
| Swimming Pool | 10.00 | |
| Sewer Ejector | 20.00 | |
| Mop Basin | 8.00 | |
| Sand Trap | 8.00 | |
| Bar Connections | 10.00 | |
| Soda Fountain | 10.00 | |
| Dishwasher Comm. | 10.00 | |
| Underground Inspection | 35.00 | |
| Storm Drain | 20.00 | |

| Description | Charge Ea \$ | Total \$ |
|--------------------------------------|---------------------|----------|
| Commercial Plan Review | | |
| Base Fee | 85.00 | |
| 0-10 Fixtures | Base Fee | |
| 11-125 Fixtures | Base + \$1.00 ea | |
| 126+ Fixtures Not to Exceed \$200.00 | | |

Total Charges: \$ _____
Administration Fee: \$ _____ 60.00
Grand Total: \$ _____

Date Paid: ___/___/___ Receipt # _____ Check # _____ Approved by: _____

Revised 9/8/23 This Agency is an equal provider of services and an equal employment opportunity employer – Civil Rights Act 1964 (CRA)