

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

999 East Main Street
Ravenna, Ohio 44266

Phone: 330-296-9919
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Joseph J. Diorio, MPH, MS, REHS
Health Commissioner

Web: www.portagehealth.net

RESIDENTIAL 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: _____

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 Each \$	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 Each \$	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	

Total Charges: \$ _____

Administration Fee: \$ 50.00

Grand Total: \$ _____

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