Mercer County Plumbing Permit Application

Miami County Public Health, under Contract with Mercer County for **Plumbing Inspection Services** 510 W Water St, Suite 130, Troy, Ohio 45373 Phone 937-573-3504 Fax 937-573-3502

		F70 0F04				
	ion day before: 937-	·573-3504	j	FIXTURES	В	3 1
				Water Closet		
<u>PRINT</u>				Bath Tub		
Owner Information				Lavatories		
				Shower		
Address	To	ownship		Sink / Mop / Bar		
				Garbage Disposal		
City	State	Zip		Dishwasher		
5		1		Laundry Tray		
Facility Name				Automatic Washer		
Location				Floor Drain		
AddressTownship				Ejector Pit		
				Back Water Valve		
City	State	Zip		Air Admittance Valve		
				Water Heater		
				Water Softener		
The undersigned hereby applies for a permit to do plumbing conforming to and for the inspection thereof as provided in the Ohio Plumbing Code.				Grease Trap /Intercept	or	
				Backflow		
Applicant's				Urinal		
Name			<u> </u>	Drinking Fountain		-
AddressPhone CityStateZip				Sump Pump		
City	State	_Zip		Other		-
				REPLACEMENTS \$	37.50	
Signature of Applicant				Water Heater		-
Or Authorized Agent Date				Water Softener		-
Required: Plumbing Installer						
Plumbing Contractor State Lie	cense #		Expiration	Date		
!						
NOTE: State Contractor License number required for ALL Commercial Plumbing.PLUN Basic• Isometric drawing must be submitted with thisFixture			<u>PLUMB</u>	ING FEES		
			Basic Per			
			Fixtures			
Application Allow 30 days for plan approval. Deplace						
No portion of any building shall be occupied until			1	ement Water Heater/Softener \$37.50 eview \$.016 x Sq. Ft.		
 A re-inspection fee of \$62.50 whenever a re- 			iew 5.010			
A re-inspection fee of inspection is necessary			ť	n Commercial 2,500 sq. f		
Permits left dormant for more than 1 year, are subject to Special				Inspection Fee \$156.25		
				ψ130	.23	
To charge your permit rees, please complete the following.				ne Number		
			<i>y</i> 1 mile 1 mol			

Permit No.

Plans Approved_	
Date	

Floor

B 1 2

3

_____ 3 Digit SC _____

Circle one: Visa / Master Card / Discover/ Amex Number on Card

Expiration Date of Card _____ Zip Code of Name on Card _____

*CARD INFO NOT KEPT ON FILE Revised 06/2023

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