

Auglaize County Plumbing Permit Application

Permit No. _____

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

Plans Approved _____
 Date _____

Call for inspection day before: 937-573-3504

PRINT

Location
 Facility Name _____
 Address _____ Township _____
 City _____ State _____ Zip _____

OWNER'S INFORMATION

Name _____
 Address _____ Township _____
 City _____ State _____ Zip _____

The undersigned hereby applies for a permit to do plumbing conforming to and for the inspection thereof as provided in the Ohio Plumbing Code.

Applicant's Name _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 Signature of Applicant or Authorized Agent _____ Date _____

Required: Plumbing Installer _____
 Plumbing Contractor State License # _____ Expiration Date _____

Floor

FIXTURES	Floor			
	B	1	2	3
Water Closet				
Bath Tub				
Lavatories				
Shower				
Sink / Mop / Bar				
Garbage Disposal				
Dishwasher				
Laundry Tray				
Automatic Washer				
Floor Drain				
Ejector Pit				
Back Water Valve				
Air Admittance Valve				
Water Heater				
Water Softener				
Grease Trap /Interceptor				
Backflow				
Urinal				
Drinking Fountain				
Sump Pump				
Other				

NOTE: State Contractor License number required for ALL Commercial Plumbing.

- Isometric drawing must be submitted with this Application
- Allow 30 days for plan approval.
- No portion of any building shall be occupied until final tests and inspections have been approved.
- A re-inspection fee of \$62.50 whenever a re-inspection is necessary.
- Permits left dormant for more than 1 year, are subject to review & revocation.

PLUMBING FEES	
Basic Permit	\$56.25
Fixtures	@ \$21.25
Main Stack	\$21.25
Plan Review	\$.016 x Sq. Ft.
No Payment Due until after Plan Review	
Minimum Commercial 2,500 sq. ft.	\$31.25
Special Inspection Fee	\$156.25
TOTAL DUE	

To charge your permit fees, please complete the following:
 Name on Card _____ Day Time Phone Number _____
 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 1/2023