

ALLIANCE CITY HEALTH DEPARTMENT PLUMBING PERMIT APPLICATION

ALLIANCE CITY HEALTH DEPARTMENT
 537 E. MARKET
 ALLIANCE, OHIO 44601-2514

PERMIT NO _____

PHONE 330-821-7373
 FAX 330-821-9517

LOCATION _____

OWNER _____ ADDRESS _____

TYPE OF BUILDING: OLD NEW RESIDENTIAL TYPE OF COMMERCIAL _____

TYPE OF FIXTURE	NUMBER	FEE	AMOUNT
GREASE TRAP		10.00	
SERVICE SINK		10.00	
DRINKING FOUNTAIN		10.00	
WATER CLOSET		10.00	
LAVATORY		10.00	
TUB		10.00	
SHOWER		10.00	
KITCHEN SINK		10.00	
FLOOR DRAIN		10.00	
URINAL		10.00	
LAUNDRY TUB		10.00	
AUTOMATIC WASHER		10.00	
GARBAGE DISPOSER		10.00	
WATER HEATER		10.00	
INDIRECT DRAIN		10.00	
ROOF VENT		10.00	
MISCELLANEOUS FIXTURES:		10.00	
		10.00	
		10.00	
PERMIT FEE		50.00	
UNDERGROUND INSPECTION		50.00	
ROUGH INSPECTION		50.00	
FINAL INSPECTION		50.00	
EXTRA INSPECTION		50.00	
TOTAL PERMIT FEE			

PERMITS ARE ISSUED FROM 8:30 A.M. TO 4:30 P.M. MONDAY THROUGH FRIDAY. INSPECTIONS WILL BE MADE DURING THE ABOVE TIME PERIOD.

THE UNDERSIGNED ACCEPTS RESPONSIBILITY FOR AND CERTIFIES THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH OHIO STATE PLUMBING CODE.

APPLICANT'S SIGNATURE _____

COMPANY NAME _____

ADDRESS _____

TELEPHONE _____ DATE _____