

**Public Health
Dayton & Montgomery County
Division of Plumbing
117 South Main St.
Dayton, Ohio 45422**

**APPLICATION
FOR A
PLUMBING PERMIT
Expires 6 Months from Date of Issue**

PERMIT# _____
FEE _____
DATE _____

Application is hereby made for a permit to install plumbing as described in this application and to be installed in accordance with Ohio Plumbing Code Chapters of the Ohio Administrative Code. □ 4101:3-1 to 4101:3-13
Contact your local building regulations department for requirements or questions about gas piping, flue and electrical wiring; PHDMC has no responsibility in these areas.

Indicate # of fixtures per floor

FLOOR	B	1	2	3	4	5	6	7	8	9
Water closet										
Lavatory										
Bath Tub										
Shower										
Sink										
Garbage Disposal										
Dish Washer										
Water Heater (Please Ck. One)										
Gas <input type="checkbox"/>										
Electric <input type="checkbox"/>										
Clothes Washer										
Water Softener										
Bar Waste										
Laundry Tray										
Floor Drain										
Urinal										
Service Sink										
Backflow Device										
Sewage Ejector										
Backwater Valve										
Drinking Fountain										
A A Valve										
Indirect										
Grease Trap										
Garage Interceptor										
Roof Drains/OFD										
Other Fixture										
Total Fixtures										

Location/Street Name _____ Lot # _____ Municipality or Township _____
 Owner _____ Building is new _____ or old _____
 Owner's Address _____ Water supply is private _____ or public _____
 Building used as _____ House drain empties into sewer _____ or septic _____ Auth # _____
 Homeowner phone # _____ Installation is new _____, extension _____ or replacement _____
 Indicate # of units/dwellings _____
 Applicant or Company Name: _____
 Authorized Signature/Agent of: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Issued by: _____

Irrigation Meter _____

Elevations must be recorded here

Sewer _____ **Deduct Meter** _____

Upstream Manhole Top | | | | | | | | | |

Water _____ **Backflow Permit** _____

F.F./Lowest Fixture | | | | | | | | | |

*****NOTE*****

**Plumbing Contractor Is Responsible For Securing
Appointment For Inspection Of Completed Work!**

Approved by: _____ **FAX** _____ **POF** _____ **POJ** _____