



APPLICATION FOR APPLIANCE PERMIT

PERMIT # _____
FEE _____
DATE _____

Public Health - Dayton & Montgomery County
Division of Plumbing
117 South Main St.
Dayton, Ohio 45422
937-225-4421(phone) 937-496-3072(fax)

Expires 6 Months from Date of Issue

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 Chapters 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.

****Make Checks payable to Public Health – Dayton & Montgomery County****

Municipality or Township _____

Parcel ID# _____
www.mcrealestate.org

(Indicate # of fixtures per floor)
 B 1 2 3

	B	1	2	3
Water Heater (Please Check One) Gas Electric				
Water Softener				
Garbage Disposal				
Dish Washer				
Reverse Osmosis				
Total Fixtures				

Location/Street Name _____ Lot # _____

City _____ Zip Code _____

___ Commercial ___ Residential Indicate # of units/dwellings _____

Building is: ___ New ___ Existing Installation is: ___ New ___ Replacement

Owner _____ Phone # _____

Cell # _____ Email _____

Address _____ City _____ zip _____

Occupant _____ Phone # _____

Cell # _____ Email _____

Applicant or Company Name _____

Authorized to Pull Permit (please print) _____

Authorized Signature Required _____

Address _____ Phone _____

City _____ State _____ Zip _____

(NOTORIZED AFFIDAVIT REQUIRED FOR HOMEOWNER PERMIT)

****NOTE****

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