



# APPLICATION FOR PLUMBING 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	#
Water closet					
Lavatory					
Bathtub					
Shower					
Sink					
Urinal					
Bidet					
Garbage Disposal					
Dish Washer					
Water Heater Gas Electric					
Clothes Washer					
Water Softener					
Bar Waste					
Laundry Tray					
Floor Drain					
Service Sink					
Pedicure Bath					
Sewage Ejector					
*Backwater Valve					
Drinking Fountain					
A A Valve					
Indirect					
Grease Trap					
Garage Interceptor					
Roof Drains					
Overflow Drains					
Reverse Osmosis					
Future Stubs					
Backflow Device (enter quantity)	Containment				
	Not Containment				
<b>Total Fixtures</b>					

Location/Street Name \_\_\_\_\_ Zip \_\_\_\_\_ Lot # \_\_\_\_\_

Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Indicate # of units/dwellings \_\_\_\_\_  
 Building is: New Existing Installation is: New Replacement

Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Occupant \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

Water supply is: Private Public

House drain empties into: Sewer Septic EPA PTI # \_\_\_\_\_ EPA ok \_\_\_\_\_

Bedroom Addition: Yes No

Applicant or Company Name \_\_\_\_\_

Authorized to Pull Permit (please print) \_\_\_\_\_

**Authorized Signature Required** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(NOTORIZED AFFIDAVIT & \$150.00 CASH BOND REQUIRED FOR HOMEOWNER PERMIT)

**\*\*NOTE\*\***

## Plumbing Contractor Is Responsible for Securing Appointment For Inspection Of Completed Work

Approved by: \_\_\_\_\_ ID \_\_\_\_\_ FAX \_\_\_\_\_ POF \_\_\_\_\_ POJ \_\_\_\_\_ Notify Septic \_\_\_\_\_

**\*Backwater Valves shall be installed for fixtures where the flood level rims of the lowest fixtures are below the elevation of the next upstream manhole (per OPC Section 715). EXCEPTION: In existing buildings, fixtures above the elevation of the manhole cover of the next upstream manhole in the public sewer shall not be prohibited from discharging through a backwater valve.**

\*\*Water Distribution \_\_\_\_\_

\*\*Standalone Water Distribution-Permit Price

Office Use Only

New Building Drain Septic SIP Year Number Letter or Approve Date _____	Existing Building Commercial Plan Review Notify Septic SIP Year Number Letter or Approve Date _____
New Building Water Well Well Approve Date _____	Existing Building Residential Bedroom Addition Septic SIP Year Number Letter or Approve Date _____