



# 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 _____



# Public Health - Dayton & Montgomery County



## HOMEOWNER AFFIDAVIT FOR PLUMBING PERMIT

### AFFIDAVIT

STATE OF OHIO )  
COUNTY OF MONTGOMERY ) SS:

The undersigned hereby certifies that he/she has personal knowledge of the statements and facts in the following paragraphs and that the statements contained therein are true and accurate to the best of his/her knowledge.

- I, \_\_\_\_\_ of \_\_\_\_\_, Ohio say that I am the owner of the single family dwelling located at or being constructed at \_\_\_\_\_ and I am occupying or will immediately occupy the same and that all the plumbing work proposed to be installed at this location will be done by me personally according to all applicable standards and that I will call for inspections at the required stages of construction.
- Upon signing this affidavit, I further affirm that I understand that the homeowner's permit authorized by law and issued as the result of this application and the \$150.00 cash returnable bond are valid for only six (6) months from the date of issuance, that only two (2) ninety (90) day extensions may be granted and these extensions must be requested in writing to this office. I further understand that there is an additional \$14.00 fee per fixture or device installed after the permit is purchased. Should additional inspections be required beyond those authorized in the fee schedule, a \$45.00 re-inspection fee shall be charged for each inspection.

Additional costs will be deducted from the cash bond following final approval. Final approval must be given within the original six month period or within either of the two 90-day extensions, if not, the entire cash bond will be forfeited to Public Health Dayton & Montgomery County. If additional fees exceed the cash bond amount, you will be required to remit to this office all additional costs. **IMPORTANT:** The forfeiture of the cash bond shall have no effect upon any possible legal action which may be taken by Public Health Dayton & Montgomery County in an effort to achieve compliance with the plumbing standards.

- I further affirm that I understand that any permit shall become invalid if the authorized work remains uninitiated, or is suspended, postponed, or abandoned within the original six (6) month period or either of the two (2) 90-day periods.

Further Affiant Sayeth Naught.

\_\_\_\_\_  
*Homeowner*

Before me, a Notary Public in and for said State and County, personally appeared \_\_\_\_\_, who first being duly cautioned and sworn according to law, states that the foregoing Affidavit is true to the best of his/her own personal knowledge and belief.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary Public