



APPLICATION FOR SEWER / WATER 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# _____

Tap Fee Receipt # _____

PERMIT TYPE

(Put X in box that applies) X

WATER	<input type="checkbox"/>
SEWER	<input type="checkbox"/>
IRRIGATION METER	<input type="checkbox"/>
WITH IRRIGATION BACKFLOW DEVICE	<input type="checkbox"/>

Location/Street Name _____ Lot # _____

Owner _____

Owner's Address _____

Homeowner phone # _____

Building is: New Existing Water supply is: Private Public

House drain empties into: Sewer Septic Auth # _____

****When converting from Private Water System to Public Water ****

Please indicate which applies to well: Keep Abandon

Building used as _____

Installation is: New Repair Replacement

Indicate # of units/dwellings _____

Applicant or Company Name _____

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**

