

CAMBRIDGE GUERNSEY COUNTY HEALTH DEPARTMENT

326 Highland Avenue
Cambridge, Ohio 43725

APPLICATION FOR PLUMBING PLAN APPROVAL

Submit one application for each building or structure. Please print or type. All sections must be completed.
Refer to the instruction sheet for completing this application

1	Scope of Project	2	Guernsey County																					
	<input type="checkbox"/> Plumbing	3	Is this project in an incorporated city or village? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
		4	Enter number of sheets in one set of your drawings																					
		5	Nature of project <input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Change of Occupancy																					
		6	<input type="checkbox"/> Mailed in <input type="checkbox"/> Other (Fed-Ex, UPS, etc.)																					
7	Name of project	Project No.																						
Exact address of project																								
City		Zip																						
8	Owner of project	Attention																						
Address		City	State	Zip																				
Phone ()		Send by <input type="checkbox"/> FAX ()																						
9	Plumbing Contractor No.	Name of submitter																						
Address		City	State	Zip																				
Phone ()		Send by <input type="checkbox"/> FAX ()																						
10	Plans prepared by <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified sprinkler/Alarm designer (check one)																							
Name		Ohio Registration Number																						
Address		City	State	Zip																				
Phone ()		Send by <input type="checkbox"/> FAX ()																						
11	Current use group	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">17</td> <td colspan="4">I hereby certify that I am the (select one) <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the owner (Plumbing Contractor) and all information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.</td> </tr> <tr> <td style="text-align: center;">12</td> <td colspan="4">Proposed use group(s)</td> </tr> <tr> <td style="text-align: center;">13</td> <td colspan="4">Total number of plumbing fixtures</td> </tr> <tr> <td style="text-align: center;">14</td> <td colspan="4">Total fees due: (from Plumbing Worksheet including late fee) \$</td> </tr> </table>			17	I hereby certify that I am the (select one) <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the owner (Plumbing Contractor) and all information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.				12	Proposed use group(s)				13	Total number of plumbing fixtures				14	Total fees due: (from Plumbing Worksheet including late fee) \$			
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15	Fees paid by <input type="checkbox"/> Cash <input type="checkbox"/> Check	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">18 THE AREA BELOW IS FOR OFFICE USE ONLY</td> </tr> <tr> <td>Date recd:</td> <td>Permit #</td> </tr> <tr> <td>Receipt #:</td> <td>Bldg. Dept. #:</td> </tr> <tr> <td>Processed by:</td> <td><input type="checkbox"/> Mail-In <input type="checkbox"/> Walk-In</td> </tr> </table>			18 THE AREA BELOW IS FOR OFFICE USE ONLY		Date recd:	Permit #	Receipt #:	Bldg. Dept. #:	Processed by:	<input type="checkbox"/> Mail-In <input type="checkbox"/> Walk-In												
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16	If plans are submitted as the result of an Adjudication Order, enter number here:																							

**CAMBRIDGE GUERNSEY COUNTY
HEALTH DEPARTMENT
326 Highland Avenue
Cambridge, Ohio 43725
(740) 439-3577**

**COMMERCIAL PLUMBING
FIXTURE WORKSHEET**

Permit # _____

Date: _____

**Jim Marcentile Phone: (740) 622-6862
Plumbing Inspector Fax: (740) 622-6891**

Complete job site address _____

Office use
only

↓	Fixtures	No. Fixtures	↓	Fixtures	No. Fixtures	↓	Fixtures	No. Fixtures	
01	Air Admittance Valve		016	Fountains, Drinking / Soda		031	Sinks, 3-Com. / Food Prep		
02	Aspirators		017	Fountains, Wash		032	Sinks, Service		
03	Autopsy Tables, Morgue		018	Garbage Disposals		033	Sterilizers		
04	Backflow Devices		019	Hose Bibbs/Outside Faucet		034	Trap Primer		
05	Backwater Valve		020	Hot Water Dispensers		035	Tubs, Bath		
06	Building Sanitary Drain		021	Ice Makers		036	Urinals		
07	Building Storm Drain		022	Inside Water Piping		037	Valves, Pressure Reducer		
08	Building Sanitary Sewer		023	Interceptors		038	Valves, Tempering		
09	Bidets		024	Lavatories/Hand		039	Washers, Clothes / Dish		
010	Dental Cuspidors / Chair		025	Recirculating Pump/Line		040	Washers, Bed Pan		
011	Drains, Floor/Hub / Trench		026	Sewage/Ejectors/Sump Pump		041	Washers, Dish		
012	Drains, Roof		027	Shampoo Bowls		042	Water Closets		
013	Emergency Shower/Eye Wash		028	Showers		043	Water Heaters		
014	Expansion Tank		029	Sinks / Bar / Kitchen		044	Water Softener/RO		
015	Fountains, Baptismal		030	Sinks, Chemical/ Clinical		045	Other		
							TOTAL FIXTURE COUNT	➔	

Reinspection Fee.....(must be paid before final).....\$50.00

Plumbing permit fee\$ 200.00

Total fixture count from above: _____ X \$20.00.....\$ _____

Plan review fee:.....\$ 200.00

Penalty for Installing Plumbing Prior to Permit (\$150.00 Penalty).....\$ _____

Total Plumbing Fees by totaling entries from above.....\$ _____

Permits left dormant for more than one year are subject to review and revocation.