

**Plumbing Inspections are performed by Franklin County Public Health - 614-525-3160**

*Incomplete or incorrect applications will be returned unprocessed.*

The undersigned hereby applies for a permit to do plumbing and a inspection of same at the following location and in accord with Chapter 4101:2-51



**TO BE COMPLETED BY APPLICANT**

Job Address: \_\_\_\_\_

If this relates to a Building Permit - indicate Building Permit # here: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Owners Phone# : \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractors Reg. # (Hilliard): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ Date: \_\_\_\_\_

**PLUMBING PERMIT APPLICATION**

Phone: 614.334.2557 Fax: 614.529.6017

Allow 2-3 business days for processing.

The approved permit will be mailed to you.

*in effect: 1.1.2017*

**TO BE COMPLETED BY APPLICANT**

This application must be properly filled out and returned to the office of the Hilliard Building Division **at least four days prior** to the date of the FIRST INSPECTION, Commercial accompanied by a fee calculated upon the following basis: Approved application must be on the job site for inspection.

FIXTURE	COUNT	FIXTURE	COUNT	FIXTURE	COUNT	FIXTURE	COUNT
Air Admittance Valve		Drain, Hub		Laundry Tub		Sink, Food Prep	
Air Hammer Arrestor		Drain, Roof Storm		Lavatories		Sink, Hand Washing	
Automatic Clothes Washer		Drain, Roof Secondary		Lift Station		Sink, Utility / Mop	
Backflow Preventers		Drain, Trench		Pedicure Chair		Sterilizers	
Back Water Valve		Expansion Tank		Piping System, Sanitary		Sump Pump	
Bath Tubs		Eye Washer		Piping System, Storm		Tempering Valve	
Bed Pan Washers		Garage Catch Basin		Piping System, Water		Trap Primer	
Bidet		Hot Water Heater		Remove & Cap Fixture		Urinal	
Coffee Maker		Hot Water Recirc. System		Rough in Future Fixture		Washing Machine	
Dental Cuspidors		Ice Bin		Showers		Water Closets	
Dilution Sump		Ice Machine (not w/i refrigerator)		Sink, 3 Compartment		Water Storage Tank	
Dish Washers		Interceptor, Garage / Oil		Sink, Bar		Whirlpool Tub	
Drinking Fountain		Interceptor, Grease		Sink, Exam Room		Other	
Drain, Floor		Interceptor, Solid		Sink, Floor		<b>TOTAL FIXTURES- ALL COLUMNS</b>	<b>0</b>

\* Gas pressure tests and gas line inspections require a separate permit & inspection (see Hilliard miscellaneous permit application)

<input type="checkbox"/> NEW	<input type="checkbox"/> RESIDENTIAL 1,2,3 FAMILY
or	or
<input type="checkbox"/> REMODEL	<input type="checkbox"/> COMMERCIAL OR MULTI-FAM 4+

Select "YES" or "NO" from the drop down to calculate the applicable RESIDENTIAL or COMMERCIAL total.

<p><b>RESIDENTIAL YES</b></p> <p>Application and first fixture \$60</p> <p>_____ Number of remaining fixtures x \$15.00</p> <p>TOTAL Inspection fee = _____</p>	<p><b>COMMERCIAL YES</b></p> <p>Application and first fixture \$200</p> <p>_____ Number of remaining fixtures x \$20.00</p> <p>TOTAL Inspection fee = _____</p>	<p><b>Approval Information:</b> <input type="checkbox"/> ISO attached?</p> <p>This permit will expire one year from issuance.</p> <p align="center">CALL FCPH 614-525-3160 FOR INSPECTION</p> <p>Date Issued: _____</p> <p>Permit Number: _____</p> <p>Amount Paid: _____</p>
---	---	---

**Plan Review - Commercial Permits require review of plan & isometrics by FCPH. Approval sheet required w/ application to Hilliard.**

**Make checks payable to City of Hilliard**

3800 Municipal Way, Hilliard, OH 43026  
NO CASH payments accepted.  
we do accept; checks, money order or credit

**MISC. FEES (to be collected & scheduled by Franklin County Public Health ONLY 614-525-3160)**

\* Plan Review - Revisions after initial approval will be charged on a per fixture basis (\$60) \* Re-inspection Fee - Based Upon Disapproved Inspections (\$100)  
\* State approved modular home plumbing inspection and Permit (\$60) \* Afterhours Inspections - requires 24 hours notice (\$500)