

# APPLICATION/PERMIT FOR PLUMBING

**COLUMBIANA COUNTY GENERAL HEALTH DISTRICT**  
 7360 ST. RT. 45 • P.O. BOX 309  
 LISBON, OHIO 44432-0309

Permit #
Fee

PHONE: 330/424-0272  
 FAX: 330/424-1733

**CHECK ONE ITEM IN EACH BOX:**

<input type="checkbox"/> New	<input type="checkbox"/> Trailer	
<input type="checkbox"/> Remodel	<input type="checkbox"/> Module	
<input type="checkbox"/> Addition	<input type="checkbox"/> Mobile	
<input type="checkbox"/> Single-family dwelling	<input type="checkbox"/> Other	

*(Please type or print in ballpoint pen)*

Owner	Phone No.	
Mailing Address	City	Zip
Location of Property		
Property Address	Township	
	Section No.	Lot No.
Name of Applicant	Phone No.	
Address		

Fixture	Qty.	Fee	Total
Minimum Fee	1	\$70.00	\$70.00
Re-Inspection		40.00	
Partial Inspection		35.00	
Rough Inspection		35.00	
Finish Inspection		35.00	
Field Consultation		40.00	
Manufactured Housing		40.00	
Industrialized Unit		40.00	
Water Closet		9.00	
Bath Tub		9.00	
Stall Shower		9.00	
Lavatory		9.00	
Sink		9.00	
Dish Washer		9.00	
Disposal		9.00	
Laundry Tub		9.00	
Washer Trap		9.00	
Water Heater		9.00	
Water Distribution Lines		9.00	
Urinal		9.00	
Floor Drain		9.00	
Drinking Fountain		9.00	
Interceptor		9.00	
Stack		9.00	
Building Drain		9.00	
Roof Drain		9.00	
Backflow Preventer-Water		9.00	
Backflow Preventer-Sewer		9.00	
Water Conditioner		13.00	
Sump Pump-Clearwater		9.00	
Sewage Sump Pump		15.00	
Air Admittance Valve		9.00	
Other		9.00	
<b>Total</b>			

I hereby agree to comply with the Plumbing Regulations of the Columbiana County Board of Health requirements of which have been made known to me.

I further agree to call for inspection of this work before it is covered. At least 48 hours notice for inspection is required.

I further agree and declare that I am a Registered Master Plumber of Columbiana County or a Home Owner doing my own plumbing work on the described property above or will engage a Registered Master Plumber of Columbiana County to do the work for me.

*Permit expires one (1) year from issue date.*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Plumbing Inspection Record**

Partial Inspection: \_\_\_\_\_

Rough Inspection: \_\_\_\_\_

Re-Inspection: \_\_\_\_\_

Finished Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

Rough Inspection: Bldg. Drain, Soil Waste and Vent Piping.  
 Test: 10 ft. head of water or 5 pounds air.  
 Finish Inspection: No portion of any building shall be occupied until final test and inspections have been made and approved on that portion of the plumbing system.