



Environmental Health Division
 Plumbing Department
 555 Lexington Avenue
 Mansfield, OH 44907
 (419) 774-4520
 (419) 774-0845 Fax

Permit #:

Plumbing Permit Application

Directions: Fill out application completely. Print clearly.
 This application can be e-mailed to: envhealth@richlandhealth.org

Water System: _____

Sewage System: _____

Residential: _____ **Commercial:** _____

Water Heater Replacement Only: _____

Backflow Device Only: _____

Street Address:	Village/City:	Zip:
Owner or Name of Business:	Township/County:	

Item	BST	1st	2nd	3rd	Total	Item	BST	1st	2nd	3rd	Total
Water Closets						Roof Drain					
Bathtub						Grease Interceptors					
Shower						Oil Interceptors					
Lavatories						Dilution Tank					
Kitchen Sink						Ice Makers					
Dish Washers						Back Water Valve					
Garbage Disposal						Drinking Fountain/ Water Cooler					
Washing Machine						Tempering Valves					
Laundry Sink						Press Reducer Valve					
Floor Drain/Trench Drain						Water Systems					
Water Heater						Mop/Service Sink					
Expansion Tank						Air Adm. Valve					
Water Softener						Vent to Outdoors					
Sewage Ejector											
Storm Sump Pump											
Sinks											
Urinals											
Backflow Device/ Containment											
Backflow Device/Isolation											
Special, Specify											

Non-Compliant Inspections/Re-inspections

Residential.....\$50.00

Commercial..... \$75.00

Extra Inspections Beyond Allotted 3 & 5

Residential.....\$50.00

Commercial..... \$75.00

I understand that all permits are VOID one year from the date of issue. Permit renewal can be requested. Up to four (4) working days notice is required for all inspections. The base fee includes five (5) inspections for Commercial and three (3) inspections for Residential. Please call (419)774-4554 to schedule an inspection.

Plumbing Company:	Phone #:
Authorized Signature:	Print Name/ State ID#:

***** FOR OFFICE USE ONLY *****

Plan Review Approved On:	Plan Review Approved By:	
Underground Inspection Date:	Rough-in Approval Date:	Final Inspection Date:

of Fixtures or Traps: _____ P.R. #: _____ Cost of Fixtures/Traps: \$ _____

P.R. Fee: \$ _____ Receipt #: _____ Penalty: \$ _____ Base Permit Fee: \$ _____

Total Cost of Permit: \$ _____

Please print and sign form.
 Completed applications can be
 e-mailed to: envhealth@richlandhealth.org

Date Paid: ____ / ____ / ____