



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

<b>Permit #:</b>
_____

# 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:** \_\_\_\_\_

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

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..... \$100.00

**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.

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

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

<b>Plan Review Approved On:</b>	<b>Plan Review Approved By:</b>	
<b>Underground Inspection Date:</b>	<b>Rough-in Approval Date:</b>	<b>Final Inspection Date:</b>

**# 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.

Updated 03/25/2021 Completed applications can be emailed to: envhealth@richlandhealth.org

**Date Paid:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_