The City of Canal Winchester
45 E. Waterloo Street
Canal Winchester, Ohio 43110
(614) 837-7501

Permit # _____
Issue Date _____
Amount Paid _____

Date _____

FOR INSPECTIONS CALL (614) 525-3160

APPLICATION FOR INSPECTION OF COMMERCIAL PLUMBING

The undersigned hereby applies for a permit to do plumbing and an inspection of same at the following location and in accordance with Chapter 4101:2-51 of the Ohio Administrative Code, and all regulations of Franklin County Public Health.

TO BE FILLED IN BY APPLICANT

Address _____ New ☐ Remodel ☐ Replacement ☐
Owner's Name and Address _____
_____ Phone # _____
Does the sewer discharge into an individual sewage system ☐ or sanitary sewer ☐ ? (Check one)
How far distant from any dwelling, well or cistern is the sewage tank? _____
Of what materials is the draining system? ABS ☐ PVC Plastic ☐ Cast-Iron ☐ DWV Copper ☐

	QTY.		QTY.		QTY.
Air Admittance valve		Eye Wash		Sink, Bar	
Air Hammer Arrestor		Hot Water Recirculation System		Sink, Exam Room	
Autoclave/Sterilizer		Ice Bin		Sink, Floor	
Automatic Clothes Washer		Ice Machine (not within refrigerator)		Sink, Food Prep	
Back Water Valve		Industrialized Unit		Sink, Hand Washing	
*Backflow Preventer		Interceptor, Grease		Sink, Kitchen	
Bathtub and/or Valve		Interceptor, Oil		Sink, Mop	
Bed Pan Washer		Interceptor, Solid		Sink, Utility	
Bidet		Laundry Sink		Sterilizers	
Coffee Maker		Lavatory		Sump Pump	
Dental Cuspidors		Lift Station (Sanitary)		Tempering Valve ASSE 1070	
Dilution Sump		Mixing Valve ASSE 1017		Trap Primer	
Dishwasher		Pedicure Chair		Urinal	
Drain, Floor		Piping Sanitary Repair		Washing Machine, Clothes	
Drain, Hub		Piping Storm Repair		Water Closets	
Drain, Roof Storm Primary		Piping Water Repair		Water Heater	
Drain, Roof Secondary		Remove & Cap Fixture		Water Storage Tank	
Drain, Trench		Rough In Future Fixture		Whirlpool Tub	
Drinking Fountain		Shower and/or Valve		Other	
Expansion Tank		Sink, 3 Compartment		**TOTAL FIXTURES ALL COLUMNS**	

Company AND Master Plumber _____
Address _____ City _____ Zip _____
Phone # _____ Email _____ Plumber Registration # _____
*Indicate Name of Certified Backflow Tester _____

INSTRUCTIONS

This application must be properly filled out and returned to the Canal Winchester Building Department accompanied by a fee calculated upon the following basis:

Application for Permit	$135
_____ Number of Total Fixtures X $40	$_____
10% Administrative Fee (Includes State Fee)	$_____
Total Inspection Fee	**$_____**

— MISCELLANEOUS FEES —

State Approved Modular Home Plumbing Inspection & Permit	$155
Re-Inspection Fee (based upon disapproved Inspections and collected by Franklin County Public Health ONLY)	$150

MAKE CHECKS PAYABLE TO THE CITY OF CANAL WINCHESTER

For any plumbing related questions please contact Franklin County Public Health at (614) 525-3635