

**CITY OF GAHANNA**  
 Division of Building Regulations  
 200 South Hamilton Road • Gahanna, Ohio 43230  
 (614) 471-6918

**APPLICATION FOR INSPECTION OF PLUMBING**

PERMIT # \_\_\_\_\_

Date Permit Issued \_\_\_\_\_

Amount Paid \_\_\_\_\_

Application Date \_\_\_\_\_

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

**TO BE FILLED IN BY APPLICANT**

Job Address \_\_\_\_\_ City \_\_\_\_\_

New  Remodel  Residential  Commercial

Property Owner \_\_\_\_\_

Does the sewer discharge into an individual sewage disposal system or sanitary sewer? \_\_\_\_\_

How far distant from any dwelling, well or cistern is the sewage tank? \_\_\_\_\_

What is the size of the main drain? \_\_\_\_\_

Of what material does the house drain consist? \_\_\_\_\_

	Qty.		Qty.		Qty.
Air Admittance valve		Garbage Disposal		Showers	
*Backflow Preventers		Hot Water Heater		Sterilizers	
Bath Tubs		Interceptor		Sump Pump	
Bed Pan Washers		Kitchen Sink		Trap Primer	
Bidet		Laundry Trays		Urinal	
Chemical Sinks		Lavatories		Wash Fountain	
Dental Cuspidors		Mop Sinks		Washing Machine	
Dilution Sump		Outside Faucets		Water Closets	
Dish Washers		Roof Drains		Water Lines	
Drinking Fountain		Rough-in Openings for Future		Water Storage Tank	
Floor Drains		Sewage Ejectors		Other	
Garage Catch Basin				GRAND TOTAL	

**HOT WATER TANK REPLACEMENT FEE \$35.00**

**PLEASE  
PRINT**

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ REGISTRATION CERTIFICATION # \_\_\_\_\_

\* INDICATE NAME OF CERTIFIED BACKFLOW TESTER \_\_\_\_\_

**INSTRUCTIONS**

This blank must be properly filled out and returned to the City of Gahanna at least four days prior to the date of the FIRST INSPECTION, accompanied by a fee calculated upon the following basis:

<b>COMMERCIAL</b>	<b>RESIDENTIAL</b>
Application for permit & first fixture . . . . . \$75.00	Application for permit & first fixture . . . . . \$60.00
_____ Number of remaining fixtures X \$ 20.00 = . . . . . \$	_____ Number of remaining fixtures X \$ 15.00 = . . . . . \$
Total Inspection fee . . . . . \$	Total Inspection fee . . . . . \$

State approved modular home plumbing inspection and permit \$60.00

Re-inspection fee (based upon disapproved inspection and collected by the Franklin County Board of Health ONLY) \$60.00

**MAKE CHECKS PAYABLE TO CITY OF GAHANNA**

WHITE, CONTRACTOR — YELLOW, BOARD OF HEALTH — PINK, JOB SITE — GOLD, FILE COPY