



BUILDING DIVISION
 200 S. Hamilton Road
 Gahanna, Ohio 43230
 Phone: 614-342-4010
 Fax: 614-342-4100
 Building@Gahanna.gov
 www.gahanna.gov

INTERNAL
Permit No. _____
Master No. _____
Received _____

PLUMBING PERMIT APPLICATION

TO REQUEST AN INSPECTION, CALL 614-525-3160

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 OAC and all regulations of Franklin County Public Health.

<input type="checkbox"/> NEW	<input type="checkbox"/> REMODEL	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
JOB SITE ADDRESS:		PROPERTY OWNER NAME:	PHONE NO:
Fixture	Count	Fixture	Count
Air Admittance Valve		Eye Washer	
Air Hammer Arrestor		Garage Catch Basin	
Automatic Clothes Washer		Hot Water Heater	
Backflow Preventers		Hot Water Recirc. System	
Back Water Valve		Ice Bin	
Bath Tubs		Ice Machine (not within refrigerator)	
Bed Pan Washers		Interceptor, Garage / Oil	
Bidet		Interceptor, Grease	
Coffee Maker		Interceptor, Solid	
Dental Cuspidors		Laundry Tub	
Dilution Sump		Lavatories	
Dish Washers		Lift Station	
Drinking Fountain		Pedicure Chair	
Drain, Floor		Piping System, Sanitary	
Drain, Hub		Piping System, Storm	
Drain, Roof Storm		Piping System, Water	
Drain, Roof Secondary		Remove & Cap Fixture	
Drain, Trench		Rough In Future Fixture	
Expansion Tank		Showers	
		Total Fixtures All Columns	
Residential Fees		Commercial Fees	
Application Fee & 1 st Fixture		Application Fee & 1 st Fixture	
\$60.00		\$200.00	
Fixtures @ \$15.00 each		Fixtures @ \$ 20.00 each	
\$15.00 X _____		\$20.00 X _____	
Subtotal:		Subtotal:	
Ohio BBS Fee (1% of above amount)		Ohio BBS Fee (3% of above amount)	
Total Due		Total Due	
Misc. Fees (For Franklin County Public Health Department Use Only)			
State Approved Modular Home Inspection			\$ 60.00
Re-Inspection Fee – Based upon Disapproved Inspections			\$100.00
Master Plumber/Homeowner:		FCPH Master Plumber Registration Number:	
Address:		Contact Name:	
City:	State:	Zip:	Phone Number:
Signature of owner or owner's authorized agent:		Email Address:	

THIS FORM IS AVAILABLE TO BE SUBMITTED ONLINE: [HTTPS://OHGA.ONLAMA.COM](https://OHGA.ONLAMA.COM)