

**CITY OF WESTERVILLE**

64 East Walnut Street • Westerville, Ohio 43081-2308

Phone: (614) 901-6650 Fax: (614) 901-6666



**APPLICATION FOR INSPECTION OF PLUMBING**

Plumbing Permit # \_\_\_\_\_

Building Permit Number \_\_\_\_\_  
*(If Applicable)*

Plumbing Fees \_\_\_\_\_

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 City of Westerville.

**TO BE FILLED IN BY APPLICANT**

Job Address	City, State
Description of Work	

Fixture	Count
Air Admittance Valve	
Air Hammer Arrestor	
Automatic Clothes Washer	
Backflow Preventers	
Back Water Valve	
Bath Tubs	
Bed Pan Washers	
Bidet	
Coffee Maker	
Dental Cuspidors	
Dilution Sump	
Dish Washers	
Drinking Fountain	
Drain, Floor	
Drain, Hub	
Drain, Roof Storm	
Drain, Roof Secondary	
Drain, Trench	
Expansion Tank	

Fixture	Count
Eye Washer	
Garage Catch Basin	
Hot Water Heater	
Hot Water Recirc. System	
Ice Bin	
Ice Machine <small>(not within refrigerator)</small>	
Interceptor, Garage / Oil	
Interceptor, Grease	
Interceptor, Solid	
Laundry Tub	
Lavatories	
Lift Station	
Pedicure Chair	
Piping System, Sanitary	
Piping System, Storm	
Piping System, Water	
Remove & Cap Fixture	
Rough In Future Fixture	
Showers	

Fixture	Count
Sink, 3 Compartment	
Sink, Bar	
Sink, Exam Room	
Sink, Floor	
Sink, Food Prep	
Sink, Hand Washing	
Sink, Kitchen	
Sink, Utility / Mop	
Sterilizers	
Sump Pump	
Tempering Valve	
Trap Primer	
Urinal	
Washing Machine	
Water Closets	
Water Storage Tank	
Whirlpool Tub	
Other	
<b>Total Fixtures All Columns</b>	

Residential Fees	
Application Fee & 1 <sup>st</sup> Fixture	\$60.00
Fixtures @ \$15.00 each \$15.00 X _____	
1% State Assessment	
<b>Total Due</b>	

Commercial Fees	
Application Fee & 1 <sup>st</sup> Fixture	\$200.00
Fixtures @ \$ 20.00 each \$20.00 X _____	
3% State Assessment	
<b>Total Due</b>	

Company Name/Homeowner (must sign Affidavit)			Master Plumber License Number <i>(If Applicable)</i>	
Address			Contact Name	
City	State	Zip	Phone Number	Cost of Construction
Signature			Email Address	