

CITY OF STEUBENVILLE DEPARTMENT OF HEALTH

PERMIT # _____

APPLICATION for PLUMBING PERMIT

Date Issued _____

TO BE FILLED IN BY APPLICANT

NAME _____
 ADDRESS _____
 CITY _____ TELEPHONE _____
 STATE _____ ZIP _____

City: (STEUBENVILLE) _____ County: (JEFFERSON) _____

Exact Location (ADDRESS) _____

Old or New Building _____ Building to be used for _____

Owner's Name _____ PHONE _____

Owner's Street _____

Owner's City .Zip _____

Air Admittance Valve		HOSE BIBS		SINK 3 BAY	
ASPIRATORS		HOT WATER DISPENSERS		SINKS PREP	
AUTOPSY TABLES		HYDROTHERAPY BATHS		SINKS/TRAPS.PLASTERS	
BACKFLOW DEVICES		ICE MAKERS		SINKS CLINICAL	
BAPTISMAL		INTERCEPTORS GREASE		SINKS, INSTRUMENT	
BIDET		INTERCEPTORS GARAGE		SINKS BAR	
BEDPAN WASHER		INTERCEPTORS SAND		SEWAGE EJECTORS	
BATH TABLES		INTERCEPTORS LINT		SUMP PUMPS	
BATH TUBS		LAVATORIES		SOFTENERS	
BATHS SITZ		MORGUE TABLES		SERVICE SINK(mop Sink)	
DRAINS, FLOOR		MIXING VALVES / GUY GRAY		SHOWERS	
DRAINS ROOF		NeutralizationTank			
DILUTION TANK		PIPING SYSTEM, SANITARY		TUBS, LAUNDRY	
DISHWASHERS		PIPING SYSTEM, STORM		TRAP PRIMERS	
DRINKING FOUNTAINS		PIPING SYSTEM, WATER		URINALS	
DENTAL CUSPIDORS		SCULLERY SINK		VALVES, PREEASURE RED.	
DENTAL LAVATORIES		SHAMPOO BOWLS		VALVES, TEMPERING	
EXPANSION TANKS		STERILIZER		WASHERS, AUTOMATIC	
EYE WASH / EMER		SURGICAL SINKS		WATER METER	
FOUNTAINS, SODA		SINK, LAB		WATER CLOSETS	
FLOOR SINK		SINKS		WATER SERVICE	
GARBAGE DISPOSALS		SINKS X RAY		WASHERS, EYE EMG.	
HOT WATER TANK		SINKS PHARMACY		STATE OTHERS ON BACK	
A---Total		B---Total		C---Total	

Total Items & Fixtures A B C		X	\$10.00	TOTAL	
Comm. permit application	Over 15 Devices & Fixtures \$ 200.00 /Under \$40.00				
INSPECTION FEE	\$40.00				\$40.00
PLAN EVALUATION FREE	\$30.00	Per sheet			
TOTAL FEES DUE					
HOT WATERS TANKS ONLY	\$25.00 RES.	\$30.00 COMM.			
WATER SERVICE OR SEWER SERVICE RES.		\$40.00			
WATER SERVICE OR SEWER SERVICE COMM.	\$150.00				

SIGNATURE OF APPLICANT _____

DATE _____