



PLUMBING APPLICATION
PUBLIC SERVICE & BUILDING DEPARTMENT

CITY OF WHITEHALL
360 S. Yearling Road
Whitehall, Ohio 43213
614-237-8612
Building-Department@whitehall-oh.us
www.whitehall-oh.us

Residential Commercial

PROJECT ADDRESS:		CITY:	STATE:	ZIP:
PARCEL #:	(BUSINESS) NAME:			
OWNER:	ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	E-MAIL:			
CONTRACTOR:	<input type="checkbox"/> N/A	ADDRESS:	CITY:	STATE: ZIP:
PHONE:	E-MAIL:			
DESIGN PROFESSIONAL:	<input type="checkbox"/> N/A	ADDRESS:	CITY:	STATE: ZIP:
PHONE:	E-MAIL:			

Please fill in the number of fixtures being replaced, moved, or installed:

Air admittance valve		Garbage disposal		Shower	
Backflow preventer		Hand sink		Sterilizer	
Bath tub		Hot water tank		Sump pump	
Bed pan washer		Hot water tank replacement		Trap primer	
Bidet		Interceptor		Urinal	
Chemical sink		Kitchen sink		Wash fountain	
Dental cuspidor		Lavatory		Washing machine	
Dilution sump		Laundry tray		Water closet	
Dishwasher		Mop sink		Water line	
Drinking fountain		Outside faucet		Water storage tank	
Floor drain		Roof drain		Other	
Garage catch basin		Rough in for future			
Total number of fixtures being replaced, moved, or installed:					

Describe project:

Cost of project: \$

CERTIFICATION (Read all sections, sign, date and attach any drawings and/or supporting documents) All permits shall expire one year from the date of issue. A one-time renewal shall be permitted if the original permit has not expired. I fully understand that no excavation, construction, structural alteration, electrical or mechanical installation or alteration of any building, structure, sign, or part thereof and no use of the above shall be undertaken or performed until the permit applied for herein has been approved and issued by the City of Whitehall Building/Zoning Department.

I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to submit this application and attachments as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s).

Applicant Signature:	Printed Name:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone:	E-mail:	
<input type="text"/>	<input type="text"/>	

**All commercial plumbing projects must have plan approval from Franklin County.
You will be contacted after fees have been calculated.**

STOP - OFFICE USE ONLY	
Application #:	Date & Time:
Permit Fee	\$
Additional # fixtures x \$15.00(R) or \$20.00(C)	\$
Service Fee (except hot water tank)	\$
TOTAL FEES	\$
(check, money order, exact cash, or debit/credit card)	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED (LETTER ATTACHED)
	<input type="checkbox"/> CONDITIONAL APPROVAL (LETTER ATTACHED)
CHIEF BUILDING OFFICIAL SIGNATURE	
DATE	