Frankin County Public Health

Franklin County Public Health 280 East Broad Street Columbus, Ohio 43215-4562 (614) 525-3160 www.myfcph.org

Permit Application

Plumbing Program

Chapter 4101:2-51 of the OAC Job Address					To	ownship,	/Village	
□ New		☐ Rei	model	[] Reside	ential	☐ Comr	mercial
					T	7		Court
Fixture	Count		Fixture		Count	-	Fixture	Cour
Air Admittance Valve			ye Washer		ļ	4	Sink, 3 Compartment	
Air Hammer Arrestor			Garage Catch Ba	sin		-	Sink, Bar	
Automatic Clothes Washer		L.	lot Water Heater			-	Sink, Exam Room	
Backflow Preventers			lot Water Recirc.	System		1	Sink, Floor	
Back Water Valve			ce Bin			-	Sink, Food Prep	
Bath Tubs			ce Machine (not with			-	Sink, Hand Washing	
Bed Pan Washers			nterceptor, Garaç	ge / Oil			Sink, Kitchen	
Bidet		l li	nterceptor, Greas	e			Sink, Utility / Mop	
Coffee Maker			nterceptor, Solid				Sterilizers	
Dental Cuspidors		L	aundry Tub.				Sump Pump	
Dilution Sump		L	.avatories				Tempering Valve	
Dish Washers		I	ift Station				Trap Primer	
Drinking Fountain		F	Pedicure Chair				Urinal	
Drain, Floor		F	Piping System, San	itary			Washing Machine	
Drain, Hub		F	Piping System, Stor	rm			Water Closets	
Drain, Roof Storm		F	Piping System, Wa	ter			Water Storage Tank	
Drain, Roof Secondary		F	Remove & Cap Fixture				Whirlpool Tub	
Drain, Trench		F	Rough In Future Fix	kture			Other	
Expansion Tank		S	Showers				Total Fixtures All Colu	mns
*** Effective January 1, 2	2017 Hot W	ater H	eater Permits a	re charc	ed at "P	er Fixtu	ure" rates.***	
Residential Fees				Comn	nercial F	ees		
Application Fee & 1st Fix	ture	\$6	0.00	Applic	cation Fe	e & 1st	Fixture	\$200.00
Fixtures @ \$15.00 each				Fixtures @ \$ 20.00 e			ch	
\$15.00 X				\$20.00 X				
Total Due				Total [Due			
Misc. Fees								\$ 60.00
State Approved Modular Home Inspection								
Re-Inspection Fee – Based upo	on Disapprove	ed Inspe	ections					\$100.00
Markar Division - 1	must slow A fer	laviti		FC	PH Master	Plumber	Registration Number	
Master Plumber/Homeowner(must sign Affidavit)				10	TTTMASTO			
Address				Contact Name				
City	ty State Zip		Zip	Phone Number				
Signature				Email Address				
						Per		

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Plan Review Transmittal

Plumbing Program

Two sets of plumbing plans complete with isometrics are required (do not submit full sets).

Place note that Grovenort Westerville, and Worthington review their own plans.

	ase note the	at Groveport, Weste	rville, and Wor	inington rev	iew ineir ow	n plans.	struction			
Job Address			JOD Name			☐ Remodel / Renov.				
						Kemodel	/ Renov.			
City & Zip Code			Date							
Plan Review Fee	Schedule		Number of	Fixtures:						
1-5 Fixtures		\$ 50.00								
6-20 Fixtures		70.00	Amount Due:							
21-40 Fixtures		130.00								
41 + Fixtures		200.00								
Submitted By			Phone Nu	mber						
	Submitted by			Email Address						
Address			Emair Add	Email Address						
City & Zip Code			Signature	Signature						
For FCPH Use Only Paid By			Date	Date						
raid by	Pala By									
Check #		Cash	City/Village To Receive Copy							
Inspector's Signature			☐ Approved							
				Apploved						
Date				□ Disapproved						
****Effective January	1, 2017, a fee to	o Review Previously Approv I be based only on the Nun	red Plumbing Plans v ober of Fixtures bein	vill be charged. a changed in the	This fee will be a Revised Drawin	charged acco ngs.	rding the Plan			
Keview ree schedule	above and wit	a be based only on me too.	Number of		(FCPH Office Use Only)		nly)			
			Fixtures	Amount		Date	Inspector's			
Revision Date	Brief Des	cription of Revisions	Revised	Due	Check#	Approved	Initials			
					1, 417, 1	Plan Review	#			
Notes						riun keview	π			

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Schedule of Fees

Plumbing Program

<u>Fee Type</u>	<u>Fee Amount</u>
Plumber Annual Registration	
Master Plumber	200.00
Journeyman Plumber	50.00
Plumbing Permits	
Residential Base Fee - includes First Fixture	60.00
Residential - Each Additional Fixture	15.00
Commercial Base Fee - includes First Fixture	200.00
Commercial - Each Additional Fixture	20.00
Re-inspection Fee	100.00
	All Fees
Un-Permitted / Early Installation Fee	Doubled
Afterhours Plumbing Inspection*	500.00
*Requires 24 Hour Notice	
Plumbing Plan Review (Same fees to apply to Revisions)	
1-5 Fixtures	50.00
6-20 Fixtures	70.00
21-40	130.00
41 +	200.00
Medical Gas	
Plan Review Base Fee	290.00
Plan Review Per Outlet Boxes 1-20	7.00 each
Plan Review per Outlet Boxes 21-up	1.00 each
Med Gas Permit per each system installed	100.00
Med Gas Permit Per Outlet 1-20	15.00 each
Med Gas Permit Per Outlet 21-up	10.00 each
Med Gas Re-inspection	100.00
Misc.	60.00
State Approved Modular Home Inspections *** Effective January 1, 2017, Hot Water Heater Permits are charge	
Ellective Juliousy 1, 2017, not Water frouter . Strine and Strange	