

**PREBLE COUNTY GENERAL HEALTH DISTRICT, EATON, OHIO
PLUMBING APPLICATION AND PERMIT**

PHONE NO. 472-0087 FAX 456-6382

OWNER _____ ADDRESS _____
 DIRECTIONS OR STREET ADDRESS _____
 _____ Twp. _____ Section _____

THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO DO PLUMBING AND AN INSPECTION OF SAME AT THE ABOVE LOCATION, AND IN ACCORDANCE WITH THE PLUMBING CODE OF PREBLE COUNTY.

FIXTURES	NO.	AMT.	FIXTURES	NO.	AMT.	FIXTURES	NO.	AMT.	FIXTURES	NO.	AMT.	
WATER CLOSET			AUTOMATIC WASHER			DRINKING FOUNTAIN			GARAGE CATCH BASIN			
LAVATORY			WATER - HEATER - GAS			SODA FOUNTAIN			STERILIZER			
BATH TUB			WATER - HEATER - ELEC.		N/C	STEAM TABLE			BED-PAN WASHER			
SHOWER BATH			FLOOR DRAIN			SLOP SINK			WATER STORAGE TANK			
SINK			SUMP PUMP			DENTIST CUSPIDOR			WASH FOUNTAIN			
LAUNDRY TRAY			URINAL			BAR WASTE			SEWAGE EJECTORS			
			SOFTENER			GREASE INT.			DILUTION SUMP			
						BOILER BLOW-OFF						
INSPECTION:	DATE						PERMIT ISSUED BY:	PERMIT FEE				
1ST ROUGH							TOTAL FEE					
2ND ROUGH							APPLICANT					
							ADDRESS					
FINAL							PERMIT NO.		DATE			

PERSON MAKING INSTALLATION MUST CALL HEALTH DEPARTMENT REQUESTING INSPECTION ON ROUGH WATER TEST AND FINAL AIR TEST. CALL MUST BE RECEIVED BEFORE 9:00 A.M. TO GET INSPECTION SAME DAY.