ALLIANCE CITY HEALTH DEPARTMENT PLUMBING PERMIT APPLICATION

ALLIANCE CITY HEALTH DEPARTMENT	-
537 E. MARKET	
ALLIANCE, OHIO 44601-2514	

PERMIT NO	
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PHONE 330-821-7373 FAX 330-821-9517

LOCATION		
OWNERADDRESS		
	OLD NEW RESIDENTIAL TYPE OF COMMERCIAL	

TYPE OF FIXTURE	NUMBER	TOTAL STREET STREET	AMOUNT
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GREASE TRAP		10.00	MAN CONTROL BOTTON BACTOR CONTROL OF CONTROL C
SERVICE SINK	ACCUPATION AND ACCUPATION ACCUPATION AND ACCUPATION ACCUPATION ACCUPATION ACCUPATION AND ACCUPATION ACCUPATIO	10.00	A Bernand A Person Commission Consultation Commission (Commission Commission
DRINKING FOUNTAIN		10.00	actical coloni fictionical (Interchalled of philosophy 1990) (Interchalled Colonial
WATER CLOSET		10.00	
LAVATORY		10.00	
TUB		10.00	
SHOWER		10.00	
KITCHEN SINK		10.00	ENGENOSONO CENTROS NATURA O O PEROPERA O O MONTA MARIA M
FLOOR DRAIN		10.00	
URINAL		10.00	
LAUNDRY TUB		10.00	
AUTOMATIC WASHER		10.00	
GARBAGE DISPOSER		10.00	
WATER HEATER		10.00	
INDIRECT DRAIN		10.00	
ROOF VENT		10.00	
MISCELLANEOUS FIXTURES:		10.00	
		10.00	
		10.00	
PERMIT FEE		50.00	
UNDERGROUND INSPECTION		50.00	
ROUGH INSPECTION		50.00	
FINAL INSPECTION		50.00	
EXTRA INSPECTION		50.00	
TOTAL PERMIT FEE			

PERMITS ARE ISSUED FROM 8:30 A.M. TO 4:30 P.M. MONDAY THROUGH FRIDAY. INSPECTIONS WILL BE MADE DURING THE ABOVE TIME PERIOD.

THE UNDERSIGNED ACCEPTS RESPONSIBILITY FOR AND CERTIFIES THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH OHIO STATE PLUMBING CODE

CODE.	
APPLICANT'S SIGNATURE	
COMPANY NAME	
ADDRESS	
TELEPHONE	DATE