

VILLAGE OF SOUTH RUSSELL
DIVISION OF BUILDING & ZONING
5205 CHILLICOTHE ROAD
SOUTH RUSSELL, OHIO 44022
(440)338-6700 FAX (440)338-1606
www.southrussell.com

Permit: _____
Date: _____
Fee: _____
Contract \$ _____

RESIDENTIAL PLUMBING PERMIT APPLICATION

The undersigned applies for a permit to do plumbing and have inspections of same at the following location and in accordance with the codified ordinances of the Village of South Russell and the Ohio Plumbing Code. Complete application and return to the Village of South Russell Building Department. Accompany application with an isometric drawing and the fee as calculated as list below, prior to starting work. Applicant's company must be licensed and valid with the Village of South Russell.

S/L: _____ Subdivision _____ Address: _____

Owner's Name: _____ General Contractor: _____

____ New ____ Remodel ____ Addition
____ Sanitary Sewers ____ Sewage Tanks Water System: ____ Public ____ Private

Of what materials do the following consist:

Building Drain? _____ Waste & Vent Pipes? _____ Water Piping? _____
____ Bar Sink ____ Backflow Prevention
____ Bath Tub ____ Floor Drain
____ Dishwasher ____ Garage Catch Basin
____ Kitchen Sink ____ Hot Water Heater
____ Laundry Tray ____ Sewage Ejector
____ Lavatory Sink ____ Sump Pump
____ Stall Shower ____ Water Conditioning Equipment
____ Water Closet ____ Water Distribution Lines
____ Washing Machine ____ Miscellaneous
____ TOTAL #

_____ X \$3.50/Each (round up to even dollars)

Add: \$40.00 Application Fee

____ TOTAL *NOTE: HW TANK ONLY IS \$40.00

MAKE CHECK PAYABLE TO SOUTH RUSSELL VILLAGE. REINSPECTION FEE IS \$25.00 EACH TIME. (BE SURE TO HAVE STACKS READY FOR INSPECTION BEFORE CALLING) PERMIT IS GOOD UNTIL JOB IS COMPLETED OR ONE (1) YEAR, WHICHEVER COMES FIRST. **ATTACH CCA FORM** (FROM WEBSITE)

Applicant's Name: _____ Company: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ SRV Registration # _____