

VILLAGE OF SOUTH RUSSELL
 DIVISION OF BUILDING & ZONING
 5205 CHILLICOTHE ROAD
 SOUTH RUSSELL, OHIO 44022
 (440)338-1312 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? _____
<input type="checkbox"/> Bar Sink	<input type="checkbox"/> Backflow Prevention	
<input type="checkbox"/> Bath Tub	<input type="checkbox"/> Floor Drain	
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Garage Catch Basin	
<input type="checkbox"/> Kitchen Sink	<input type="checkbox"/> Hot Water Heater	
<input type="checkbox"/> Laundry Tray	<input type="checkbox"/> Sewage Ejector	
<input type="checkbox"/> Lavatory Sink	<input type="checkbox"/> Sump Pump	
<input type="checkbox"/> Stall Shower	<input type="checkbox"/> Water Conditioning Equipment	
<input type="checkbox"/> Water Closet	<input type="checkbox"/> Water Distribution Lines	
<input type="checkbox"/> Washing Machine	<input type="checkbox"/> Miscellaneous	
	<input type="checkbox"/> TOTAL #	
	<input type="checkbox"/> 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.

Applicant's Name: _____ Company: _____
 Address: _____ City: _____ Zip: _____
 Telephone: _____ SRV Registration # _____
 Email: _____