

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? _____

____ 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 *NOTE: HW TANK ONLY IS \$40.00
 \$ _____ Subtotal
 Add: \$ _____ 1% State Fee
 _____ TOTAL

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: _____