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	A	ddress:		
Owner's Name:	General Contractor:			
New	Remodel		Addition	
Sanitary Sewers	Sewage Tar	ıks	Water System:PublicPrivate	
Of what materials do the following consi	st:			
Building Drain?	Waste & Vent Pi	pes?	Water Piping?	
Bar Sink		I	Backflow Prevention	
Bath Tub		I	Floor Drain	
Dishwasher		(Garage Catch Basin	
Kitchen Sink		I	Hot Water Heater	
Laundry Tray			Sewage Ejector	
Lavatory Sink			Sump Pump	
Stall Shower			Water Conditioning Equipment	
Water Closet			Water Distribution Lines	
Washing Machine		1	Miscellaneous	
			TOTAL # X \$3.50/Each (Round up to even d	lollars)
S	Sub Total:	\$		
	Add:	\$100.0	00 Application Fee *NOTE: HW TANK ONLY IS \$40	.00
		\$	Subtotal	
	Add:	\$	1% State Fee (Residential) 3% State Fee (Com	mercial)
			TOTAL	
			PECTION FEE IS \$25.00 EACH TIME. (BE SURE TO HAVE S COMPLETED OR ONE (1) YEAR, WHICHEVER COMES FI	
Applicant's Name:			Company:	
Address:		City:	Zip:	
Telephone:	Sl	RV Regis	stration #	
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