

**PLUMBING PERMIT APPLICATION**

<b>Introduction:</b>	<ul style="list-style-type: none"> <li>City of Reynoldsburg entered a contract with the Franklin County Public Health (FCPH) to review all construction plans and perform necessary inspections for plumbing scope of work in all buildings, commercial and residential, under City’s jurisdiction.</li> </ul>
<b>Plan approval and permitting process:</b>	<p><b>For new construction, alteration, and/or addition projects:</b></p> <p>Submit three (3) set of construction drawings <b>for plumbing scope only</b> for either residential or commercial buildings to the Franklin County Public Health (FCPH) at 280 East Broad Street, Columbus, Ohio 43215 for review and approval. Contact Sandra Cameron, FCPH Administrative Assistant, (614) 525-3635 for plan submission requirements.</p> <ul style="list-style-type: none"> <li>Initial plans can take up to 30 days from the day of submission to review.</li> <li>If plans cannot be approved, a correction letter will be issued after plan review.</li> <li>If you wish to appeal any items on the correction letter, you may request an adjudication order to file for an appeal to the Ohio Board of Building Appeal.</li> <li>Resubmission in response to the correction letter will be reviewed within 30 days of submission.</li> <li>If plans can be approved, you will be notified to pick up two (2) sets of the approved plans.</li> <li>Complete the plumbing permit application form and submit it along with one (1) set of the approved plans to the City of Reynoldsburg Building Division and pay the permit fees. You will be issued with the plumbing permit at the same time.</li> </ul> <p><b>For one-for-one plumbing fixture replacement only projects:</b></p> <ul style="list-style-type: none"> <li>No plan review is required by the Franklin County Public Health (FCPH).</li> <li>Complete the plumbing permit application form and submit it along with a floor plan (architectural or engineering seal is NOT required) showing the location of plumbing fixtures to be replaced to the City of Reynoldsburg Building Division and pay the permit fees. The plumbing permit will be issued at the same time.</li> </ul>
<b>Inspections:</b>	<p>The plumbing inspection will be conducted by the Franklin County Public Health (FCPH) inspectors. Please contact Sandra Cameron, FCPH Administrative Assistant, (614) 525-3635 for details and to schedule for inspections.</p>
<b>Permit expiration</b>	<ul style="list-style-type: none"> <li>A <b>permit</b> will expire if after 6 months the work for which the permit is granted has not continuously progressed toward the completion. A one-time extension of 180 days can be granted for no additional fee if request for extension is made in writing prior to the permit expiration.</li> <li>A permit already expired for <b>no more than 180 days</b> can be renewed for a one-time 180 days extension for a renew fee of ½ of the new permit fees.</li> <li>A permit application already expired for <b>more than 180 days</b> will require a new permit application and payment of new full permit fee.</li> </ul>
<b>Work started without a permit:</b>	<ul style="list-style-type: none"> <li><b>Fees for work started without a permit will be twice the regular building permit fees.</b></li> </ul>

# PLUMBING PERMIT APPLICATION

Submit one application for each building or structure with certified address

1	<b>PROJECT/BUILDING LOCATION:</b>  Building Name: _____ Parcel No.: _____ Street Address: _____ Lot No.: _____ City/Township: _____ Zip Code: _____ County: _____  Is this project or building located within a flood plain? _____ Yes _____ No Has the flood plain administrator been contacted? _____ Yes _____ No Is the work being performed in the City right-of-way? (\$10,000 bond required) _____ Yes _____ No
2	<b>TYPE OF PLUMBING PERMIT:</b> <b>Primary building permit No.</b> _____  <b>Commercial:</b> _____ New Construction    _____ Alteration    _____ Addition <b>Residential:</b> _____ New Construction    _____ Alteration    _____ Building Addition
3	<b>BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION:</b>  _____ _____ _____
4	<b>CONTRACTOR INFORMATION:</b>  Contractor: _____ City Registration No.: _____ Address _____ City: _____ State: _____ Zip code: _____ Phone No. _____ Fax _____ E-Mail _____
5	<b>DESIGN PROFESSIONAL</b> _____ Architect    _____ Engineer  Designer: _____ Registration No.: _____ Address _____ City: _____ State: _____ Zip: _____ Phone No. _____ Fax _____ E-Mail _____

The undersigned hereby applies for a permit to do plumbing and an inspection of same at the following location and in accord with Chapter 4101:2-51 of the Ohio Administrative Code and all regulations of Franklin County Public Health.

Owner: \_\_\_\_\_ Parcel No.: \_\_\_\_\_

Job Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Permit Type:  New  Remodel  Residential building  Commercial building

Fixture	Count	Fixture	Count	Fixture	Count
Air Admittance valve		Eye Washer		Sink, 3 Compartment	
Air Hammer Arrestor		Garage Catch Basin		Sink, Bar	
Automatic Clothes Washer		Hot Water Heater		Sink, Exam Room	
Backflow Prevention		Hot Water Recirc. System		Sink, Floor	
Back Water Valve		Ice Bin		Sink, Food Prep	
Bath Tubs		Ice Machine (not with refrigerator)		Sink, Hand Washing	
Bed Pan Washers		Interceptor, Garage/Oil		Sink, Kitchen	
Bidet		Interceptor, Grease		Sink, Utility/Mop	
Coffee Maker		Interceptor, Solid		Sterilizers	
Dental Cuspidors		Laundry Tub		Sump Pump	
Dilution Sump		Lavatories		Tempering Valve	
Dish Washers		Lift Station		Trap Primer	
Drinking Fountain		Pedicure Chair		Urinal	
Drain, Floor		Piping System, Sanitary		Washing Machine	
Drain, Hub		Piping System, Storm		Water Closets	
Drain, Roof Storm		Piping System, Water		Water Storage Tank	
Drain, Roof Secondary		Remove & Cap Fixture		Whirlpool Tub	
Drain, Trench		Rough in Future Fixture		Other	
Expansion Tank		Showers		<b>Total Fixtures All Columns</b>	

**Please Print**

Applicant's Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone No.: \_\_\_\_\_ Contractor Registration No.: \_\_\_\_\_

• Indicate Name of Certified Backflow Tester: \_\_\_\_\_

Residential Fees		Commercial Fees	
Application Fee & 1st Fixture	\$ 60.00	Application Fee & 1st Fixture	\$ 200.00
Fixtures @ \$15.00 each		Fixtures @ \$20.00 each	
No. of fixtures		No. of fixtures	
1% State Fee		3% State Fee	
<b>Total Amount Due</b>		<b>Total Amount due</b>	

Permit No.: \_\_\_\_\_ Permit Issue Date: \_\_\_\_\_

State approved modular home plumbing inspection and permit \$60.00  
 Re-inspection fee (based upon disapproved inspections and collected by Franklin County Public Health \$100.00)