Property Information

*Street No: ___________________ *Street Name: ___________________
*Township: ___________________ Subdivision (if applicable): ___________________
*Nearest Intersection: ___________________

☐ Residential-1, 2, or 3 Family  ☐ Public Water
☐ Non-Residential (Commercial)  ☐ Private Water (well or cistern)

All lots must be properly identified with lot or street number

Type of Work

☐ New Construction
☐ Fixture Replacement
☐ Sewer Line Replacement
☐ Water Line Replacement

☐ Addition
☐ Remodel
☐ Laundry Tie-In

☐ (select foundation type)
☐ Basement
☐ Crawl
☐ Slab

☐ Change of piping system?
☐ Yes  ☐ No

Operation Permit #

Detailed Description of Work

*Required

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Fixture</th>
<th>Count</th>
<th>Fixture</th>
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<th>Fixture</th>
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</thead>
<tbody>
<tr>
<td>Water Closets</td>
<td></td>
<td>Dishwasher</td>
<td></td>
<td>BF Prev. Testable</td>
<td></td>
<td>Roof Drains</td>
<td></td>
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<tr>
<td>Lavatories</td>
<td></td>
<td>Garbage Disposal</td>
<td></td>
<td>BF Prev. Non-Testable</td>
<td></td>
<td>Sewage Ejector</td>
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<tr>
<td>Bath Tubs</td>
<td></td>
<td>Water Heater</td>
<td></td>
<td>Whirlpool Tub</td>
<td></td>
<td>Chem. Sink</td>
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<tr>
<td>Showers</td>
<td></td>
<td>Sump Pump</td>
<td></td>
<td>Urinal</td>
<td></td>
<td>Dilution Sump</td>
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<tr>
<td>Sinks</td>
<td></td>
<td>Interceptors</td>
<td></td>
<td>Drinking Fountain</td>
<td></td>
<td>Other____________</td>
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<tr>
<td>Laundry Trays</td>
<td></td>
<td>Indirect Waste</td>
<td></td>
<td>Water Softeners</td>
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<td>Other____________</td>
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<tr>
<td>Floor Drains</td>
<td></td>
<td>Sewer Rep./Replace</td>
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<td>Slop Sinks</td>
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<td>Other____________</td>
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<tr>
<td>Washer Box</td>
<td></td>
<td>Water Dist. System</td>
<td></td>
<td>Bar Waste</td>
<td></td>
<td>Other____________</td>
<td></td>
</tr>
</tbody>
</table>
Please complete isometric drawing below or attach drawing to application. Attached plans can be no larger than 11x14.

Plans must be approved and permit secured before commencing work. Permit valid only if work is started within 90 days from date of issuance and will expire 1 year from the date of issue. Application is hereby made to Clermont County Public Health for permission to install plumbing in accordance with this application, and subject to rules and regulations for installation and inspection of plumbing and private sewage disposal in Clermont County, Ohio.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his or her authorized agent and we agree to conform to all applicable laws of the State of Ohio and the County of Clermont.

Print Name: __________________________________________________________
Signature: ___________________________________________________________ Date: __________________________