

TRUMBULL COUNTY COMBINED HEALTH DISTRICT
194 West Main Street, Cortland, OH 44410
(330) 675-2489

PERMIT NO. _____
DATE ISSUED: _____

APPLICATION FOR RESIDENTIAL PLUMBING PERMIT

Property Owner's Name

Location (Number and Street) Township/Village

Does the building sewage discharge into a: [] Sewage Treatment System or [] Sanitary Sewer
Type of Structure: [] Single-Family [] Duplex [] Triplex

I will hire no one and will not enter into a contract with anyone except a State Licensed Plumbing Contractor registered with the Trumbull County Combined Health District to do my work. I will fill all stacks and waste lines with water/air and have all joints sealed. I hereby certify that all work will be done in accordance with the state and local regulations. Revised 11/5/15

Plumber's Signature
Address
Phone # / Registration No.
Email

Homeowner's Signature
Address
Phone #
Email

(ATTACH ISOMETRIC DRAWING OR INDICATE SAME ON BACK OF THIS FORM)

Effective date 10/16/17 (Updated 2/7/18)

ADDITIONAL—OFFICE USE ONLY

Table with 2 main sections. Left section: PLUMBING FIXTURE, FEE, QUANTITY, TOTAL. Right section: PLUMBING FIXTURE, FEE, QUANTITY. Rows include Residential Permit Fee, Water closet, Bathroom sink, etc.

TOTAL: _____ ADDITIONAL TOTAL DUE: _____

PLUMBING PERMIT EXPIRES ONE YEAR FROM THE ISSUE DATE

25% Penalty for work started before obtaining permit

*****INSPECTOR'S USE ONLY - INSPECTION DATA AND REMARKS*****

UNDERGROUND _____
ROUGH _____
FINAL _____
[] PLUMBING APPROVED