

PLUMBING

USE GROUP

Complete all sections below. Please Print

Application Date: _____ Project No. _____ (Office Use Only)
 Job Address _____ Apt. / Unit # _____
 Occupant _____ Type of Business _____
 Owner _____ Owner's Address _____

RESIDENTIAL (1, 2 or 3 family) **COMMERCIAL**

Single Family One-Family attached ___ # of units Apartments ___ # of units Condo ___ # of units

New Replacement Remodel / Addition Other

DESCRIBE PROJECT: _____

FIXTURES:	QTY		QTY		QTY	INTERCEPTOR	
Water Closet		Dishwasher		Sump		Location: _____	Size _____
Bath Tub		Disposal		Water Softener		Type: Grease _____	Oil _____
Lavatory		Floor Drain		Drinking Fountain		Acid Neutralizer _____	Capacity _____
Sink		Washing Machine		Urinal		Size: Inlet _____	Outlet _____
Shower Bath		Wash Tray		Other			
Water Heater		Indirect		FIXTURE TOTAL			

WATER SERVICE: Meter Size ___ Service Size ___ Meter Location _____ Type of Material _____ Length _____ Sprinkling Meter _____ (size) Is new tap required? Yes <input type="checkbox"/> No <input type="checkbox"/> Size of tap: _____	SEWER: Sanitary Size _____ Length _____ Type of Material _____ No. of Manholes _____ Septic System Yes ___ No ___ Is new tap required? Yes <input type="checkbox"/> No <input type="checkbox"/> Size of tap: _____	STORM SEWER: Size(s) of Pipe _____ Type of Material _____ No. of Catch Basins _____ No. of Manholes _____ Length _____
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GAS LINE Line Size _____ Length _____ Material _____

Contractor:
 Name _____ Company _____

Contact Person _____ **Phone** _____

PLEASE READ AND SIGN. **I, the undersigned do hereby affirm:** The above statements are true and correct and also agree to comply with the provision of the ordinances of the City of Middletown. I will comply with all conditions of the permit once issued. The proposed work is authorized by the owner in fee and I have the authorization to make this application. Upon notification of approval, permit fee must be paid and permit obtained within thirty (30) days, or application will be canceled. The information requested on this application may be relied upon by the City in considering the permit. Any false statement made knowingly may be grounds for criminal action under state and local law: Ohio Revised Code §2921.13, Middletown Codified Ordinance § 606.10

Owner/Occupant **Master License Holder**

(Please print name)

(Signature)

NOTE: This application will expire 12 months after plan approval if a permit is not issued, or 12 months after application date if plans are not approved.