



Delaware Public Health District

Dedicated to your health

EH@DelawareHealth.org | (740) 368-1700

Permit # _____

Receipt # _____ / ____ / ____

PLUMBING PERMIT *Residential*

Job site located at:

Street: _____ City: _____ Zip: _____ Township: _____

Subdivision: _____ Lot #: _____ Model Name: _____ [] New [] Remodel

Plumbing Contractor

Contractor: _____

Street: _____

City/State/Zip: _____

Phone: _____

Registration #: _____

Property Owner Information

Name: _____

Street: _____

City/State/Zip: _____

Phone: _____

Description	Number of Fixtures
Air Admittance Valve	
Lavatory (Bath Sink)	
Water Closet (Toilet)	
Bathtub	
Shower	
Kitchen Sink	
Dish Washer	
Garbage Disposal	
Washing Machine	
Laundry Sink	
Floor Drain/Hub Drain	
Water Heater	
Backflow Device	
Sump Pump/Ejector Pump	
Bidet	
Other	
Total Fixtures	
Per Fixture Fee	X \$16.00
Application Fee	\$55.00
Water Heater Replacement Delaware Corp, Sunbury Corp, and Powell Corp Only	+ \$50.00
Grand Total	

Underground Inspection:

Approved ____/____/____

Disapproved ____/____/____

Top Out Inspection:

Approved ____/____/____

Disapproved ____/____/____

Final Inspection:

Approved ____/____/____

Disapproved ____/____/____

I hereby certify that all work will be done in accordance with the State and Local regulation.

Applicant's Signature _____

Date _____

Issued By _____

Date _____

Comments: _____

PERMIT MUST BE POSTED ON SITE

SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS

NO PART OF ANY PLUMBING SHALL BE COVERED UNTIL IT HAS BEEN INSPECTED, TESTED, AND APPROVED.

Call for final inspection when job is complete and before occupancy. Plumbing inspections are schedule for next business day.

RESIDENTIAL INSPECTION FEES: There will be a \$60.00 charge for each partial inspection and \$75.00 charge for each failed inspection. A partial inspection is any underground, rough, or final inspection that involves a portion or portions of the full plumbing system.

ALL FEES MUST BE PAID PRIOR TO SCHEDULING THE FINAL INSPECTION