CITY OF | UPPER ARLINGTON

COMMUNITY DEVELOPMENT DEPARTMENT
3600 Tremont Road • Upper Arlington, Ohio 43221-1595
Phone: 614-583-5070 • Fax: 614-583-5065 • www.uaoh.net

PLUMBING PERMIT

Permit No.: _____

Date Issued: _____

INSPECTIONS: 614-525-3160

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 OAC and all regulations of Franklin County Public Health.

Job Address	Contracted Price of Work
Property Owner Name	

☐ New ☐ Remodel ☐ Residential ☐ Commercial

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 Preventers		Hot Water Recirc. System		Sink, Floor	
Back Water Valve		Ice Bin		Sink, Food Prep	
Bath Tubs		Ice Machine (not within 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		**Total Fixtures All Columns**	

***** Effective January 1, 2017, Hot Water Heater Permits are charged at "Per Fixture" rates.*****

Residential Fees		**Commercial Fees**	
Application Fee & 1st Fixture	$60.00	Application Fee & 1st Fixture	$200.00
Fixtures @ $15.00 each $15.00 X _____		Fixtures @ $ 20.00 each $20.00 X _____	
Total Due		Total Due	

MIsc. Fees	
State Approved Modular Home Inspection	$ 60.00
Re-Inspection Fee – Based upon Disapproved Inspections	$100.00

Master Plumber/Homeowner(must sign Affidavit)			FCPH Master Plumber Registration Number
Address			Contact Name
City	State	Zip	Phone Number
Signature			Email Address

This permit will expire one year from issuance.
Make checks payable to: THE CITY OF UPPER ARLINGTON

Rev 11/2016