



**Brown County
Health Department**

826 Mt. Orab Pike
Georgetown, OH 45121
937-378-6892

Commercial Plumbing Permit

Permit # _____

Date Issued _____

PERMIT EXPIRES TWO (2) YEARS FROM DATE OF ISSUE

Please Type or Print Clearly

Project Address:	City/Village:	Zip
Owner Name:	Owner Phone Number:	
Owner Address:	City/Village:	State: Zip

Type of work: ☐ New ☐ Replacement

Sewage Type: ☐ Sanitary Sewer ☐ Septic # _____

Please indicate the fixture type and number below:

_____ Aspirators	_____ Garbage Disposal	_____ Water Closet	_____ Tempering Valve
_____ Autopsy Table, Morgue	_____ Hose Bib, Outside	_____ Water Heater	_____ Emergency Eye Wash
_____ Dental Cuspidors	_____ Hot Water Dispenser	_____ Expansion Tanks	_____ Water Piping Systems
_____ Dilution Sumps	_____ Ice Machine	_____ Laboratories	_____ Water Softeners
_____ Sterilizers	_____ Sump Pump	_____ Bar Sink	_____ Interceptors
_____ Bed Pan Washer	_____ Bathtub	_____ Domestic Sink	_____ Garage/Oil
_____ Air Admittance Valves	_____ Shower	_____ Floor Sink	_____ Grease
_____ Backflow Device	_____ Urinals	_____ Laboratory Sink	_____ Sand
_____ Floor Drain	_____ Automatic Washer	_____ Service Sink	_____ Acid Waste
_____ Hub Drain	_____ Dishwasher	_____ 3 Compartment Sink	
_____ Roof Drain	_____ Shampoo Bowls	_____ Food Prep (Safe Waste)	Total Number of
_____ Drinking Fountain	_____ Pedicure Chair	_____ Trap Primer	Fixtures:
_____ Soda Fountain	_____ Sewage Ejectors	_____ Pressure Reduce Valve	_____

Type of Foundation: ☐ Basement ☐ Crawl Space ☐ Poured Slab

Business Name:	Use of Commercial Building:
Plumbing Company Name:	Contractor Name:
Phone Number:	Brown Co. Registration Number:

PLUMBER IS REQUIRED TO SUBMIT AN ISOMETRIC DRAWING WITH PERMIT

I certify that all work will be done in accordance with state and local regulations. I will call in inspections to the Brown County Health Department in a timely manner and will provide the plumbing permit number and address as required.

Signature of applicant	Printed Name
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Permit Cost Breakdown:

Minimum Plumbing Permit Fee = \$ 100 (cost for 1st Fixture)
Additional per Fixture Fee = \$ 25 (cost for every fixture after the 1st)
Replacement Fixture Fee = \$ 100 (cost for 1st Fixture) + \$ 25 (cost for every fixture after the 1st)
No Permit Fee = Double Permit Fee (cost if work is completed without first obtaining a permit)

Commercial Plan Review Fees:

1-20 Fixtures = \$ 40
21-40 Fixtures = \$ 60
41-60 Fixtures = \$ 80
61-100 Fixtures = \$ 100
101+ Fixtures = \$ 150

Permit cost Example
for 5 fixture permit:
1st fixture \$ 100
next 4 fixtures \$ 100
plan review fee \$ 40
Total permit cost \$ 240

Office Use Only

Fixture Fee: _____	Plan Review Fee: _____	Underground Date: _____
Total Permit Cost: _____	Received by: _____	Rough-in Date: _____ Additional Date(s): _____
Receipt: _____	Receipt Date: _____	Final Date: _____ Inspector: _____