

Brown County Health Department



9116 Hamer Rd
Suite 101
Georgetown, OH 45121
937-378-6892

Residential Plumbing Permit

PERMIT EXPIRES TWO (2) YEARS FROM DATE OF ISSUE

Permit #

Date Issued

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:

_____ Bath Tub	_____ Kitchen Sink	Other Fixtures not listed:	Home Type:
_____ Bathroom Sink	_____ Laundry Tray	_____	_____ Stick Built
_____ Toilet	_____ Garbage Disposal	_____	_____ Modular
_____ Shower	_____ Sanitary Pump	_____	
_____ Water Heater	_____ Footer Pump	_____	
_____ Expansion Tank	_____ Floor Drain	_____	
_____ Water Softener	_____ Hose Bibbs	_____	
_____ Washing Machine	_____ Sanitary Yard Hydrant		
_____ Dishwasher	_____ Air Admittance Valves		
		Total Number of Fixtures:	

In the case of manufactured homes (i.e. single/double wide) a plumbing permit is not required through the local health department.

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

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)

Permit cost Example for 5 fixture permit:

1st fixture	\$ 100
next 4 fixtures	+ \$ 100
Total permit cost	\$ 200

Office Use Only

Permit Cost: _____	Received by: _____	Underground Date: _____	Additional Date(s): _____
Receipt # _____	Receipt Date: _____	Rough-in Date: _____	
		Final Date: _____	Inspector: _____