



**PLAN REVIEW APPLICATION**

Type of System (circle): Residential Commercial

Type of Construction (circle): New Structure Remodel/Addition

System to service (circle): Home Business Building Barn/Outbuilding

Type of sewage system plumbing discharges to (circle): Sewer Home Septic EPA Septic

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

System Address: \_\_\_\_\_ Township \_\_\_\_\_

\*\*Residential work: Must attach an isometric drawing of the plumbing for approval.

\*\*Commercial work: Must attach plans with a stamp.

Please indicate below the number of fixtures for each item:

FIXTURES	NO.	FIXTURES	NO.	FIXTURES	NO.
Water closet		Washer		Garbage Disposal	
Lavatory		Water Heater-Elec (NC)		Drinking Fountain	
Bath Tub		Water Heater-Gas		Wash Fountain	
Shower Bath		Floor Drain		Sewage Ejectors	
Sink		Roof Drain		AAV-Air Admittance Valve	
Laundry Tray		Sump Pump		Reverse Osmosis	
Grease Interceptor		Urinal			
Dishwasher		Slop Sink			
Water Softener		Backflow Preventer			

Total number of fixtures: \_\_\_\_\_

Once reviewed, you will be notified if approved or disapproved. If approved, you will be notified of the amount due & when you may come in and purchase your permit. If disapproved, you will be contacted to set up an appointment with the plumbing inspector to review the plans & make any necessary corrections.

I certify this application is complete and any changes to the submitted plans must have prior approval of the Health Department. I agree to install the plumbing in accordance with the plumbing code of Preble County.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Name Printed)

Plumbing Co.: \_\_\_\_\_ Phone Number: \_\_\_\_\_

County Registration #: \_\_\_\_\_ State # (if commercial): \_\_\_\_\_