

DIRECTIONS FOR COMPLETING APPLICATION FOR PLUMBING PLAN APPROVAL

In accordance with Ohio Administrative Code (OAC) Chapter 4101:1-1-06, pursuant to Ohio Revised Code (ORC) Section 3791.04, before beginning the construction, erection or manufacture of any building for which construction documents are required, including all industrialized units, two (2) sets of plans are required when we have jurisdiction for the Plumbing. **The construction documents shall be accompanied with the application form and attached worksheets.** The construction documents shall be prepared by a registered design professional pursuant to OAC 4101:1-1-06.3.4. An examination and inspection fee will be assessed at the time of submittal as outlined in OAC 4101:1-1-08.2.

*Application Directions: Complete page one of the application and attached worksheets as outlined below. **All boxes, 1 through 18, must be completed in full or the application will be returned.** Please mail the application, drawings, and fees to Cambridge Guernsey County Health Department, 326 Highland Avenue, Cambridge, Ohio 43725.*

1. Check plumbing box only.
2. Guernsey County (already completed)
3. In order to establish the proper building department jurisdiction, please check yes or no.
4. Enter the number of sheets included in one set of your drawings.
5. Refer to Ohio Building Code (OBC) Chapter 2 for definitions.
6. Check the appropriate box.
7. List exact title of project or name of business. For inspection purposes provide specific address and location including tenant space, building floor number, suite numbers, crossroads, landmarks or any other directional guidelines. **(Contact GIS/Map Department at (740) 432-9277).**
8. Provide owner name, their address, telephone, and a contact person.
9. Provide submitter name, their address, and telephone. All correspondence will be sent to the submitter.
10. According to the OBC Section 106.3.4, the design professionals must be identified by completing all information including their Ohio registration number.
11. Provide current use group and occupancy type if submission is for an existing building. Otherwise, show N/A and move on to 14.
12. Transcribe from plans or refer to OBC 302.1 for the use group and occupancy type (if known).
13. Provide the total number of plumbing fixtures from the correct worksheet.
14. Provide the total fees due calculated from the plumbing worksheet including late fee.
15. Please check the method of payment. Make check payable to Guernsey County Health Department if paid by checks.
16. In order to rescind a standing adjudication order and to stop further legal proceedings, list the number found on the order.
17. Application cannot be processed without the name of the owner or agent for the owner.
18. For Cambridge Guernsey County Health Department office work only.

Once the plans have been examined and approved, a plumbing permit will be issued to the owner along with one set of construction documents. One of the sets of construction documents must remain at the job site at all times during construction pursuant to OAC 4101:1-1-06.3.1. Inspections can be obtained by calling 740-819-0510 at least one day prior to the inspection.

Need name of contact person. When plumbing contractor calls in for inspection we need address, name of project and type of inspection. If final plumbing inspection, plumber needs to be on job. To receive final inspection backflow test, all temps need to be complete and backflow forms must be completed in full.

CAMBRIDGE GUERNSEY COUNTY HEALTH DEPARTMENT
 326 Highland Avenue
 Cambridge, Ohio 43725

APPLICATION FOR PLUMBING PLAN APPROVAL

Submit one application for each building or structure. Please print or type. All sections must be completed.
 Refer to the instruction sheet for completing this application

1	Scope of Project	2	Guernsey County					
	<input type="checkbox"/> Plumbing	3	Is this project in an incorporated city or village? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		4	Enter number of sheets in one set of your drawings					
		5	Nature of project <input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Change of Occupancy					
		6	<input type="checkbox"/> Mailed in <input type="checkbox"/> Other (Fed-Ex, UPS, etc.)					
7	Name of project		Project No.					
Exact address of project								
City			Zip					
8	Owner of project		Attention					
Address		City		State Zip				
Phone ()		Send by <input type="checkbox"/> FAX ()						
9	Plumbing Contractor No.		Name of submitter					
Address		City		State Zip				
Phone ()		Send by <input type="checkbox"/> FAX ()						
10	Plans prepared by <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified sprinkler/Alarm designer (check one)							
Name		Ohio Registration Number						
Address		City		State Zip				
Phone ()		Send by <input type="checkbox"/> FAX ()						
11	Current use group		17	I hereby certify that I am the (select one) <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the owner (Plumbing Contractor)				
12	Proposed use group(s)		and all information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.					
13	Total number of plumbing fixtures							
14	Total fees due: (from Plumbing Worksheet including late fee)		\$	Signature _____ Date _____ Print or type name of submitter _____				
15	Fees paid by <input type="checkbox"/> Cash <input type="checkbox"/> Check							
16	If plans are submitted as the result of an Adjudication Order, enter number here:		18 THE AREA BELOW IS FOR OFFICE USE ONLY					
						Date recd:		Permit #
						Receipt #:		Bldg. Dept. #:
			Processed by:		<input type="checkbox"/> Mail-In <input type="checkbox"/> Walk-In			

