

**CITY OF SANDUSKY
PLUMBING PERMIT WORKSHEET**

Department of Community Development, Division of Building Inspection

Submit one application for each building or structure. Please print or type.

All sections must be completed. Application will be returned for completion if left empty.

Refer to the instructions below for completing this worksheet

| 1 Contractor information | | | | | |
|----------------------------|-------|---------------------------------|-------|--------------------------|-------|
| Company Name | | Phone number | | | |
| Contractor Name | | City of Sandusky Registration # | | | |
| 2 Fixture Counts | | | | | |
| Fixture | Count | Fixture | Count | Fixture | Count |
| Air Admittance Valves | | Interceptors, Garage/Oil | | Sinks, Food Prep | |
| Aspirators | | Interceptors, Grease | | Sinks, Mop | |
| Autopsy Tables, Morgue | | Interceptors, Sand | | Sinks, Surgical | |
| Backflow Devices | | Lavatories | | Sinks, X-Ray | |
| Bidets | | Piping Systems, Sanitary | | Sterilizers | |
| Dental Cuspidors | | Piping Systems, Storm | | Sump-Pumps | |
| Dental Lavatories, Chair | | Piping Systems, Water | | Tubs, Bath | |
| Dilution Sumps | | Sewage/Ejectors | | Tubs, Laundry | |
| Drains, Floor | | Shampoo Bowls | | Urinals | |
| Drains, Roof Storm | | Showers | | Valves, Pressure Reducer | |
| Expansion Tanks | | Sinks, Bar | | Valves, Tempering | |
| Fountains, Baptismal | | Sinks, Chemical | | Washers, Automatic | |
| Fountains, Drinking | | Sinks, Clinical | | Washers, Bed Pan | |
| Fountains, Soda | | Sinks, Domestic | | Washers, Dish | |
| Fountains, Wash | | Sinks, Floor | | Washers, Eye (Emergency) | |
| Garbage Disposals | | Sinks, Instrument | | Water Closets | |
| Hose Bibbs, Outside | | Sinks, Laboratory | | Water Heaters | |
| Hot Water Dispensers | | Sinks, Pharmacy | | Other: | |
| Hydrotherapy Baths | | Sinks, Plaster | | Other: | |
| Ice Makers | | Sinks, Scullery | | Other: | |
| TOTAL FIXTURE COUNT | | | | | |

**COMMERCIAL PLUMBING PERMIT WORKSHEET
Instructions**

1. Complete contractor information.
2. Complete fixture counts.

This worksheet must be attached to one of the following forms.

APPLICATION FOR PLAN APPROVAL

APPLICATION FOR INSPECTION NOT REQUIRING PLANS.

RESIDENTIAL 1, 2, OR 3-FAMILY

Make sure all forms are filled out completely or a permit will not be issued.