

CITY OF BARBERTON
PLUMBING INSPECTION DEPARTMENT
576 W PARK AVENUE
BARBERTON, OHIO 44203
PHONE: (330) 848-6730
FAX: (330) 848-6654

APPLICATION FOR PLUMBING PERMIT

Fee _____ Permit No. _____ Date _____

Job Location _____

Owner _____
Address _____ Phone No. _____

Contractor _____
Address _____ Phone No. _____

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Water Closet _____	Stack _____	Urinal _____
Tub _____	Distribution Pipe _____	Drinking _____
Lavatory _____	Water Heater _____	Fountain _____
Sink _____	Garbage Disposal _____	Slop Sink _____
Floor Drain _____	Dishwasher _____	Leader-Downspout _____

Other _____

ISOMETRIC

1. Sketch plumbing layout on the back side of this application.
2. Show all drain, waste and vent lines.
3. If plans have already been submitted showing the plumbing layout and are on file in the Building Department, further drawings are not required.

NOTE: Rough and final inspections are required.
Water tests are required on all rough plumbing
at time of inspection. Phone: (330) 848-6730

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I/we hereby agree to conform to the Plumbing Code of the City
of Barberton, Ohio and the Ohio Building Code.

OWNER _____ CONTRACTOR _____
(Signature) (Signature)