

PermitNo. _____

Butler County Health Department

Amt. _____

() PLUMBING: Fixtures to be installed as follows:

- Water Closets () Dishwashers () Grease Trap () Curtain Drain ()
- Lavatory () Auto. Washer () Urinals () Septic Tank ()
- Bath Tubs () Sewer Connection () Slop Sinks () Aerobic Tank ()
- Showers () Bar Wastes () Drinking Fount. () Leaching ()
- Sinks () Floor Drains () Roof Drains () Backflow ()
- Garbage Grinder () Water Service-New () Effluent Pump () Septic Tank Aband. ()
- Laundry Trays () Water Service-Existing () Sewage Ejector () _____ ()
- Water Heater () Laundry Sump () Oil Interceptor () _____ ()

TO SERVICE: BUILDING New () Old () Nature of Remodeling _____

TYPE OF STRUCTURE: Resident () Single () Double ()

Public Bldg. () Industrial () Other _____

If dwelling: No. of Families () No. Bedrooms () No. Fixtures () Automatic Washer ()

Clearwater Sump Pump () Other Building ()

Specify _____

WATER SUPPLY: Public () Private ()

Type _____

SEWAGE DISPOSAL: Public () Private ()

Type _____

Address:

Owner's Name: _____ Address: _____ Phone _____

Builder or Developer: _____ Address: _____ Phone _____

Plumber: _____ Address: _____ Phone _____

Installer: _____ Address: _____ Phone _____