

CITY OF SANDUSKY – Residential Plan Approval - Plumbing Worksheet CPA# _____

Department of Engineering Services, Building Division

(for office use only)

Complete all information below to the best of your ability. Attach to application for plan approval.

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

Exact Address of Project:		Type of Occupancy		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Three Family	
Property Owner of Record:		Telephone:			
Street Address City, State, Zip:		E-mail:			
Contractor or Submitter Name:		Company:			
Street Address City, State, Zip:					
Telephone:		Fax:		Mobile:	
E-mail:					
Fixture Counts					
Fixture	Count	Fixture	Count	Fixture	Count
Backflow Device		Hot Water Dispenser		Urinal	
Bar Sink		Laundry Tub		Washing Machine	
Bath Tub		Lavatory		Water Closet	
Bath Tub Whirlpool		Sanitary/Drain Sewer		Water Heater	
Bidet		Service Sink		Water Service Line	
Dishwasher		Sewage Ejectors		Water System	
Floor Drain		Shower		Other:	
Floor Sink		Sink, Domestic		Other:	
Garbage Disposal		Storm Drain/Sewer		Other:	
TOTAL FIXTURE COUNT					
Transfer this count to APPLICATION FOR PLAN APPROVAL					

Floor plan/Venting details or isometric -- use additional sheet(s) if necessary: