

Permit No. \_\_\_\_\_

### Butler County Health Department

Amt. \_\_\_\_\_

- |                     |                        |                       |                              |
|---------------------|------------------------|-----------------------|------------------------------|
| Water Closets ( )   | Dishwasher ( )         | Drinking Fountain ( ) | Additional Fixture ( )       |
| Lavatory ( )        | Auto Washer ( )        | Roof Drains ( )       | Reinspection ( )             |
| Bath Tubs ( )       | Bar Wastes ( )         | Effluent Pump ( )     | HSTS Alteration ( )          |
| Showers ( )         | Floor Drains ( )       | Sewage Ejector ( )    | HSTS New or Replacement ( )  |
| Sinks ( )           | Laundry Sump ( )       | Oil Interceptor ( )   | Re-Inspection HSTS ( )       |
| Garbage Grinder ( ) | Grease Trap ( )        | Urinals ( )           | State Portion Alteration ( ) |
| Laundry Trays ( )   | Water Svc. (NEW) ( )   | Slop Sinks ( )        | State Portion New ( )        |
| Water Heater ( )    | Water Svc. (EXIST) ( ) | Backflow ( )          |                              |
| Water Softener ( )  | Sewer Connect ( )      | Backwater Valve ( )   |                              |

**TO SERVICE BUILDING**      New ( )      Old ( )      Nature of Remodeling \_\_\_\_\_

Residence ( )    Public Building ( )      Industrial ( )    Other \_\_\_\_\_

**NUMBER OF FIXTURES** ( )      **HSTS ABANDONMENT** ( )      **1 Year HSTS** ( )

**WATER SUPPLY:** Public ( )      Private ( )      Type \_\_\_\_\_

**SEWAGE DISPOSAL:** Public ( )      Private ( )      Type \_\_\_\_\_

Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Developer: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

License Professional: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Home Owner: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_