

PLUMBING PLAN REVIEW APPLICATION

DATE: _____

Name & Address of where to send approval letter: _____

Name of Operation: _____

Site Address: _____

NOTE: Plumbing projects that include a Licensed Food Operation will not be granted final plan approval until the food plans are approved. Plumbing permits cannot be obtained on a commercial project until the plan is approved.

NEW CONSTRUCTION OR ADDITION
NEED 2 COMPLETE SETS OF PRINTS

\$125.00

REMODLING & ALTERATION
NEED 2 SETS OF PLUMBING PRINTS WITH ISOMETRICS

\$85.00

**SUBMIT TO: STARK COUNTY HEALTH DEPARTMENT
ATTENTION: MINDI NICKELS
3951 CONVENIENCE CIRCLE NW
CANTON, OHIO 44718**

OFFICE USE ONLY

FOOD PLANS: DATE SUBMITTED: _____ APPROVED []

INSPECTOR _____ REVIEW DATE: _____ APPROVED [] NOT APPROVED []

INSPECTOR _____ REVIEW DATE: _____ APPROVED [] NOT APPROVED []

INSPECTOR _____ REVIEW DATE: _____ APPROVED [] NOT APPROVED []

INSPECTOR _____ REVIEW DATE: _____ APPROVED [] NOT APPROVED []