

# 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**

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## 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 [ ]

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