



Richland Public Health

555 Lexington Ave., Mansfield, OH 44907

419-774-4500 • www.richlandhealth.org

Division of Environmental Health / Plumbing 419-774-4520 • Fax 419-774-0845

COMMERCIAL PLUMBING PLAN REVIEW

Please note: This application must be fully completed, and submitted with 2 sets of plans.

Please Print Legible

Date _____ NEW _____ REMODEL

Type of: Sewage System _____ Water System _____

Name of Facility: _____

Address: _____ City: _____ Zip: _____

Name of Owner: _____

Mailing Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Plan Submitter, Title: _____

Mailing Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Total Fixture Count/Fee Schedule

1-20 - \$50.00 _____ 21-40 - \$100.00 _____ 41-60 - \$150.00 _____ 61+ \$200.00 _____

A fixture consists of the following: water closet, water softener, bathtub, shower, lavatory, kitchen sink, dish washers, garbage disposal, washing machine, laundry sink, floor drain, hot water heater, sump pump, sewage ejector, sink urinals, backflow device, garage trench drain, roof drain, mop service basin, grease traps, expansion tank, interceptors, ice makers, wash fountain, back water valve, hydro bath, drinking fountain, dilution sump, tempering valves, sterilizers, pressure reducer valve, air admittance valve, dental chair, etc.

Plan Submitter Signature: _____

Please note that all correspondence will be sent to the authorized representative

For Office Use Only

Date Received _____ Fee: _____ Receipt # _____ Plan Review# _____

Plans Approved by _____ Date Approved _____ Total # of Fixtures _____

Y: /Plumbing/Plumbing Plan Review

Prevent. Promote. Protect.