



Environmental Health Division
 Plumbing Department
 555 Lexington Avenue
 Mansfield, OH 44907
 (419) 774-4520
 (419) 774-0845 Fax
 www.richlandhealth.org

Plumbing Plan Review Application

Directions: Fully complete this application and submit with two (2) sets of plans.
 All correspondence will be sent to the authorized representative.

Please print information legibly.

This application can be e-mailed to: envhealth@richlandhealth.org

_____ **NEW**

_____ **REMODEL**

Date: _____

Type of: Sewage System: _____ Water System: _____

Name of Facility: _____	Area and/or Room #(s): _____
Address: _____	City: _____ Zip: _____
Scope of Work (General): _____	

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.

I understand that work shall not begin until after the plan approval is complete and the permit is issued.

Plan Submitter Signature: _____

***** (Office Use ONLY!) *****

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

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