PLUMBING PLAN REVIEW APPLICATION

Public Health
Prevent. Promote. Protect.
Greene County

Submit one application for each building or structure. Please print or type. All sections must be completed.

Date:_____

Name of Project:_____

Address of Project: _____**City**:_____

Parcel ID#

Parcel ID # can be found at; http://gis.co.greene.oh.us/gismap.

Plans prepared by (Check One): □ Architect □ Engineer □ Plumbing Contractor

Plumbing Company: _____**Ohio Plumbing Contractor License Number:** _____

Name of Submitter: _____

Address:_____ City:_____ State:____ Zip:_____

Phone:_____-_____-_____ Fax:_____-_____-_____E-Mail:_____

Type of construction:

□ **New:** Building Classification / usage: _____

(Restaurant, Institution, Retail-Market, Tattoo, Camp, Hotel, Apartment, Building shell)

Total number of plumbing fixtures:_____

□ 1-10 fixtures - $50.00 □ 11-30 fixtures - $100.00 □ 31-51 fixtures - $150.00 □ 51+ fixtures - $200.00

Total fee due:_____

In accordance with Ohio Administrative Code (OAC) Chapter 4101:1-1-06, pursuant to Ohio Revised Code (ORC) Section 3791.04, two full sets of drawings must be submitted indicating the approximate manner in which drainage, waste, and venting would be installed, with the isometric properly sized.

□ **Maintenance, Replacement, and Repair of individual items do not require a plan review fee:**

Scope of work:_____

Examples but not limited to; Hot water tanks, Softeners, Backflows, Dishwashers.

I hereby certify that I am the (select one): □ Owner □ Agent for the owner and all information contained in this application is true, accurate, and complete to the best of my knowledge.

Signature: _____ Date:_____

Print Name: _____

OFFICE USE ONLY: Plan Review #:_____

Date Received: _____ ☐ Approved:_____

Receipt #:_____ ☐ Disapproved:_____

Plan Reviewed By:_____ ☐ Approved/conditional; Comments:_____

Rev. 09/29/2015 ☐ Applicant Notified: _____