



MEDINA COUNTY HEALTH DEPARTMENT  
 4800 LEDGEWOOD DRIVE, MEDINA, OHIO 44256  
 (330) 723-9523 \* FAX (330) 723-9650 Email: [env@medinahealth.org](mailto:env@medinahealth.org)

### COMMERCIAL PLUMBING PLANS SUBMITTAL FORM

#### SUBMITTAL INFORMATION

Please submit one (1) complete set of plans in PDF format and one (1) hard copy of the plumbing isometric.  
 The approved plans will need to be on the job site for each inspection.  
 Please note: **Minor Plans/Permits must be approved by a plumbing inspector PRIOR to submission/issuance.**

#### JOB/FACILITY INFORMATION

Job Name/Business Name		Suite #	
Job Location (Job Address)		Township	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Has a building permit been issued? Medina County Building Department, 791 W. Smith Rd, Medina, OH 44256, 330 722-9220. BRUNSWICK CITY call (330) 225-9144, in MEDINA CITY call (330) 722-9030		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have Food Service/Retail Food Establishment Plans been submitted? <b>MCHD, 4800 Ledgewood Dr. 330 723-9523.</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you contacted Medina County Sanitary Engineer's office to determine if grease trap or oil interceptor is Required? <b>M.C.S.E., 791 W Smith Rd, Medina, OH 44256 330 723-9585</b>		

#### ARCHITECT FIRM INFORMATION

Name of Company			
Contact Person		Phone #	
Email Address		Cell #	

#### PROJECT MANGER INFORMATION

Name:		Phone #	
Email Address		Cell #	

#### ENGINEERING FIRM OF PLUMBING SYSTEM

Name of Company			
Contact Person		Phone #	
Email Address		Cell #	

#### PLUMBING CONTACT INFORMATION (If known)

Name of Company			
Contact Person		Phone #	
Email Address		Cell #	

#### PLAN INFORMATION – Check all that apply

Plans that are being submitted are  First Submittal  Re-submittal  Minor – Has prior approval  
 New Building  Remodel  Fixture Change-out  Hot Water Tank  Back Flow  Lawn Irrigation  
 Water being run for an out building  Capping/Removing Fixtures  Other, specify \_\_\_\_\_  
 This is a multiple UNIT building. NUMBER OF UNITS \_\_\_\_\_

#### PLAN REVIEW FEE INFORMATION

1-49 Fixtures \$120.00  50+ Fixtures \$200.00  Plans RESUBMITTAL \$75.00  Minor Plan Review \$60.00

#### PAYMENT. Fees MUST be paid at the time of submittal.

\$ \_\_\_\_\_ Check # \_\_\_\_\_ MCHD R# \_\_\_\_\_ Date \_\_\_\_\_ Clerk \_\_\_\_\_