



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.  
 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.*

**PLAN INFORMATION – Check all that apply**

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

**PLAN REVIEW FEE INFORMATION - Fees must be paid at the time of submittal.**

1-49 Fixtures \$150.00  50+ Fixtures \$225.00  Plans RESUBMITTAL \$75.00 (for 3<sup>rd</sup> and subsequent submittals)

**JOB/FACILITY INFORMATION**

Job Name/Business Name	Suite #	
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Job Location (Job Address)	Township	
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YES  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  
 YES  NO Have Food Service/Retail Food Establishment Plans been submitted? **MCHD, 4800 Ledgewood Dr. 330 723-9523.**  
 YES  NO Have you contacted Medina County Sanitary Engineer’s office to determine if grease trap or oil interceptor is Required? **M.C.S.E., 791 W Smith Rd, Medina, OH 44256 330 723-9585**

**ARCHITECT FIRM INFORMATION**

Name of Company	
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Contact Person	Phone #
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Email Address	Cell #
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**PROJECT MANGER INFORMATION**

Contact Person	Phone #
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Email Address	Cell #
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**ENGINEERING FIRM OF PLUMBING SYSTEM**

Name of Company	
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Contact Person	Phone #
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Email Address	Cell #
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**PLUMBING CONTACT INFORMATION (If known)**

Name of Company	
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Contact Person	Phone #
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Email Address	Cell #
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**PAYMENT can be made over the phone on Visa, MasterCard, Discover, or American Express.**

**Payments can mailed with check, or cash payments at our office, 4800 Ledgewood Drive, Medina.**

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