



Ashtabula County Health Department  
12 West Jefferson St.  
Ashtabula, OH 44047

Phone: 440-576-6010  
FAX: 440-576-5527

Plumbing Plan  
Review# \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Fee Paid \_\_\_\_\_  
Date Paid \_\_\_\_\_

**COMMERCIAL PLUMBING PLAN REVIEW**

**\*\* The cost of this plan review is \$120.00 \*\***

Date: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Mailing Address of Property Owner: \_\_\_\_\_

Telephone Number of Property Owner: \_\_\_\_\_

Name of Job: \_\_\_\_\_

Location of Job (Township, Street Address, Directions, etc.): \_\_\_\_\_

\_\_\_\_\_

Plumber's Name & Phone Number: \_\_\_\_\_

Plumber's Address: \_\_\_\_\_

Applicant's Name (please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Address & Phone Number: \_\_\_\_\_

.....  
**PLEASE DO NOT FILL OUT BELOW THIS LINE- FOR OFFICE USE ONLY**  
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Type of Building: \_\_\_\_\_

Type of Sewage Treatment: \_\_\_\_\_

Number of Fixtures: \_\_\_\_\_

Number of Ft. of Sanitary or Storm Sewer: \_\_\_\_\_

Number of Roof Drains: \_\_\_\_\_

Date of Plumbing Plan Review: \_\_\_\_\_

Plumbing Inspector: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_