



Ashtabula County Health Department
12 West Jefferson St.
Jefferson, 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

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: _____
