STARK COUNTY HEALTH DEPARTMENT

"Striving Toward a **Healthier** Community."

PLUMBING PLAN REVIEW APPLICATION

DATE: _____ PHONE NUMBER: _____ APPLICANT NAME: _____

ADDRESS TO SEND APPROVAL LETTER TO: _____

_____

NAME OF OPERATION: _____

SITE ADDRESS: _____ TOWNSHIP: _____

IS THIS A FOOD SERVICE OPERATION OR RETAIL FOOD ESTABLISHMENT? YES [] NO []

NEW CONSTRUCTION OR ADDITION:
NEED 2 COMPLETE SETS OF PRINTS
$150.00

REMODELING & ALTERATION:
NEED 2 SETS OF PLUMBING PRINTS WITH ISOMETRICS
$90.00

PLEASE SEND PLANS AND PAYMENT TO:
THE STARK COUNTY HEALTH DEPARTMENT
7235 WHIPPLE AVE NW, SUITE B
NORTH CANTON, OH 44720

PLEASE NOTE:

1. **PLUMBING PROJECTS THAT INCLUDE A LICENSED FOOD OPERATION WILL NOT BE GRANTED FINAL PLAN APPROVAL UNTIL THE FOOD PLANS ARE APPROVED.**
2. **PLUMBING PERMITS CANNOT BE OBTAINED ON A COMMERCIAL PROJECT UNTIL THE PLAN IS APPROVED.**

OFFICE USE ONLY

DATE PLANS SUBMITTED: _____ RECEIPT NUMBER: _____ INITIALS: _____
DATE FOOD PLANS SUBMITTED: _____ DATE FOOD PLANS APPROVED: _____
DATE DISCUSSED WITH FOOD PLANS EXAMINER: _____ INITIALS_____

INSPECTOR_____ REVIEW DATE: _____ APPROVED [ ] NOT APPROVED [ ]
INSPECTOR_____ REVIEW DATE: _____ APPROVED [ ] NOT APPROVED [ ]
INSPECTOR_____ REVIEW DATE: _____ APPROVED [ ] NOT APPROVED [ ]