



MEDINA COUNTY HEALTH DEPARTMENT
 4800 LEDGEWOOD DRIVE, MEDINA, OHIO 44256
 (330) 723-9523 * FAX (330) 723-9650 Email: 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 3rd 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 _____