



PLUMBING PLAN REVIEW APPLICATION

DATE: _____

Name & Address of where to send approval letter: _____

Name of Operation: _____

Site Address: _____

NOTE: Plumbing projects that include a Licensed Food Operation will not be granted final plan approval until the food plans are approved. Plumbing permits cannot be obtained on a commercial project until the plan is approved.

NEW CONSTRUCTION OR ADDITION

NEED 3 COMPLETE SETS OF PRINTS

\$200.00

REMODLING & ALTERATION

NEED 3 SETS OF PLUMBING PRINTS WITH ISOMETRICS

\$100.00

SUBMIT TO: CARROLL COUNTY GENERAL HEALTH DISTRICT
ATTENTION: CORINNE ROGERS
301 MOODY AVE.: P.O. BOX 98
CARROLLTON, OH 44615

OFFICE USE ONLY

FOOD PLANS: DATE SUBMITTED: _____ APPROVED []

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

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

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

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