

PLUMBING PLAN REVIEW APPLICATION

Project Name _____ Date _____
Project Address _____ City _____ ZIP _____

Parcel # _____
Parcel ID # can be found at <https://gis.greenecountyohio.gov/gims/>

Plans by ☐ Architect ☐ Engineer ☐ Plumbing Contractor

Plumbing Company _____ License # _____

Submitted by _____

Address _____ City _____ State _____ Zip _____

Phone _____ email _____

Type of Construction:

☐ **New** Building Classification/Usage _____

(Restaurant, Institution, Retail-Market, Tattoo, Camp, Hotel,
Apartment, Building shell)

Total # of Fixtures & Fee Due _____

In accordance with Ohio Administrative Code (OAC) Chapter 4101:1-1-06, pursuant to Ohio Revised Code (ORC) Section 3791.04, two full sets of drawings must be submitted indicating the approximate manner in which drainage, waste, and venting would be in- stalled, with the isometric properly sized.

☐ **Maintenance, replacement, and/or repair (does not require plan review fee)**

Scope of Work: _____

Examples (but not limited to): Hot water tanks, softeners, backflows, dishwashers

I hereby certify that I am the (select one): ☐ Owner ☐ Agent for the owner and all information contained in this application is true, accurate, and complete to the best of my knowledge.

Signature _____ Date _____

Printed Name _____

Office Use Only

Plan Review # _____	Date Received _____
Receipt # _____	Reviewed By _____
<input type="checkbox"/> Approved _____	<input type="checkbox"/> Disapproved _____
<input type="checkbox"/> Approved conditionally, with comments: _____	<input type="checkbox"/> Notified _____