

Plumbing Plan Review # _____
Receipt Number _____
Fee Paid _____
Date Paid _____

COMMERCIAL PLUMBING PLAN REVIEW

**** The cost of this plan review is \$ 70.00.**

Date: _____

Name of Property Owner: _____

Mailing Address of Property Owner: _____

Telephone Number of Property Owner: _____

Name of Job: _____

Location Job (Township, Street Address, Directions, etc.): _____

Type of Building: _____

Number of Fixtures: _____

Number of Ft. of Sanitary or Storm Sewer: _____

Number of Roof Drains: _____

Plumber's Name: _____

Plumber's Address: _____

Type of Sewage Disposal: _____

Applicant's Signature: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Date of Plumbing Plan Review: _____

Plumbing Inspector: _____

Approved _____ Disapproved _____

Comments: _____

Services Performed

Water closets	
Laboratories	
Bath tubs	
Bath tub whirlpool	
Showers	
Sinks, domestics	
Laundry tubs	
Floor drains	
Automatic washers	
Dishwashers	
Garbage disposals	
Drinking founts	
Service sinks	
Urinals	
Shampoo bowls	
Wash fountains	
Grease/kitchen interceptor	
Garage/oil interceptors	
Sand interceptors	
(A) TOTAL	

Soda fountains	
Floor sinks	
Sullery/3 comp. sink	
Bar sinks	
Sewage ejectors	
Sump pumps	
Dental cuspidors	
Dental laboratories, chair	
Dilution sumps	
Chemical sinks	
Sterilizers	
Bedpan washers	
Bidet	
Ice maker	
Morgue, autopsy table	
Eye wash/emergency	
Aspirators	
Surgical sinks	
Instrument sinks	
(B) TOTAL	

Clinical sinks	
Lab sinks	
Pharmacy sinks	
Plaster sinks	
X-ray sinks	
Baptismal fount	
Hot water dispensers	
Water heaters	
Water softners	
Backflow devices	
Water piping system	
Storm, roof drains	
Hydrotherapy baths	
Others	
Dialysis box	
(C) TOTAL	

GRAND TOTAL _____