



Environmental Health Division
 Plumbing Department
 555 Lexington Avenue
 Mansfield, OH 44907
 (419) 774-4520
 (419) 774-0845 Fax
 www.richlandhealth.org

Medical Gas Plan Review Application

Directions: Fully complete this application and submit with two (2) sets of plans.
 All correspondence will be sent to the authorized representative.

Please print information legibly

Application can be e-mailed to: envhealth@richlandhealth.org

_____ **NEW**

_____ **REMODEL**

Date: ___/___/_____

Name of Facility: _____	Area and/or Room #(s): _____
Address: _____	City: _____ Zip: _____
Scope of Work (General): _____	

Name of Owner: _____		
Mailing Address: _____	City: _____	Zip: _____
Telephone: (____) _____	Fax: (____) _____	Email: _____

Plan Submitter, Title: _____		
Mailing Address: _____	City: _____	Zip: _____
Telephone: (____) _____	Fax: (____) _____	Email: _____

Plan Review: \$200.00 _____

I understand that an ASSE 6010 Installing Company is required to obtain a permit prior to beginning work.
Work shall not begin until after the plan review is complete and the permit is issued.

Plan Submitter Signature: _____

***** (Office Use ONLY!) *****

Date Received: _____ Fee: _____ Receipt #: _____ Plan Review #: _____

Plans Approved by: _____ Date Approved: _____ Total # of Fixtures: _____