

# Marion County Health Department

## COMMERCIAL PLAN REVIEW

NAME OF FACILITY: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_  
(NEED EXACT NUMBER) \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

Does It Include:    Food Service                  Pool/Spa                  (Circle One or both)

PLANS SUBMITTED BY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Type of Construction:

**Check:**        \_\_\_ New Construction        \_\_\_ Remodel/Alter        \_\_\_ Addition/Expansion

Plumber \_\_\_\_\_ State Registration # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### PLUMBER MUST OBTAIN PERMIT AFTER PLAN APPROVAL & BEFORE STARTING JOB

|                 | PLAN REVIEW | RECEIPT# |
|-----------------|-------------|----------|
| 1-40 FIXTURES   | \$100 _____ | _____    |
| 41-100 FIXTURES | \$200 _____ | _____    |

\_\_\_\_\_  
**AUTHORIZED REPRESENTATIVE**

\_\_\_\_\_  
**DATE ISSUED**

MARION COUNTY HEALTH DEPARTMENT **REQUIRES** TWO (2) SETS OF PLANS AND **THE** PLAN APPLICATION FEE BEFORE STARTING ANY PLAN REVIEW

MCHD USE ONLY

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLANS APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

PLANS DISAPPROVED \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
**MCHD OFFICAL**