

Darke County General Health District

T. L. Holman, DVM, R.S., Health Commissioner



*Contributing to a Stronger
Healthier Community*

NOVEMBER 25, 2019

TO: PLUMBING CONTRACTORS, APPLIANCE INSTALLERS AND SEWER & WATER LINE INSTALLERS

FROM: TERRENCE L. HOLMAN, DVM, HEALTH COMMISSIONER

SUBJECT: REGISTRATION FOR 2020

DUE TO THE PRICE INCREASE, YOU CANNOT REGISTER BEFORE JANUARY 1, 2020.

All current registrations for plumbing will expire December 31, 2019.

We are enclosing the application for your **2020** registration. The registration fee is two hundred dollars (**\$200.00**) annually for the calendar year or any part thereof, for each individual who is owner, part owner or member, and any part of whose duties are to perform plumbing. **Journeyman** registration is an additional **\$40.00** each and **Apprentices** are an additional **\$15.00** each.

You must be registered and bonded to do any plumbing work including backflow prevention testing in the Darke County General Health District.

****Please sign the application and return it to our office, with the fee. If you are currently registered with the State of Ohio to do commercial plumbing or back flow prevention testing, please include a copy of this documentation.**

NOTE: A \$20,000 BOND IS REQUIRED IN ORDER TO REGISTER IN DARKE COUNTY.
ENCLOSED IS A COPY OF THE BOND FORM.

THIS IS A NON-REFUNDABLE, NON-TRANSFERABLE REGISTRATION.

PLEASE MAKE CHECKS PAYABLE TO: DARKE COUNTY HEALTH DEPARTMENT

NOTE: Each year we compile a list of registered plumbers. This list is then given, upon request, to any interested person requiring this service. If you desire to have your name appear on this list, please be sure you register prior to February 1, 2020.

There are currently registration requirements for septic system Service Providers. If you are interested in Registering as a Service Provider, these applications are available at the Health Department also. The sewage rules are available at www.odh.ohio.gov.

(over)

FEE SCHEDULE:

Enclosed is the proposed fee schedule for 2020. There will be a hearing held on December 10, 2019 at 9:00 AM to discuss the proposed fee changes. This hearing will occur at the regularly scheduled Board of Health Meeting located at the Health Department, 300 Garst Ave, Greenville, OH.

You are welcome to attend the hearing or you may submit your comments in writing to the Board of Health and they will be reviewed at the meeting.

As per the Ohio Revised Code, the fees charged cannot exceed the cost to implement the program.

For additional information, please contact the plumbing inspector at the Health Department extension 207.

You may also visit the Health Department on Facebook or Twitter for event updates.

If you have any questions, please feel free to call the Health Dept. at 937-548-4196 ext. 209.

Notes from the plumbing inspector, Rick Borgman:

The **plumbing permit** includes/allows for **3 inspections - underground, 2nd rough, and final. Additional inspections-you will be charged \$60 each unless previously discussed during the plan review.**

Inspection times given to you are approximate times.

Vacuum testing is required on all waste & vent systems.

3 sets of stamped drawings are needed for all commercial projects.

Backflow test results must be turned in to us before backflow inspections can be scheduled. The test results must be in hand at the final inspection for commercial jobs.

Thank you for your cooperation.

Darke County General Health District

E. L. Holman, DVM, MS, Health Commissioner



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PLUMBING REGISTRATION CHECK LIST TO INCLUDE WITH YOUR REGISTRATION:

- _____ Completed, signed, dated application.
- _____ Fee of \$200 (includes the applicant) **plus** \$40 for each journeyman and \$15 for each apprentice.
- _____ List of Journeyman and Apprentices that you have, use the enclosed form.
- _____ \$20,000 Plumbing contractor bond. You must provide the **original bond** to us. (a bond form is enclosed for your insurance agent to use and attach a power of attorney page to.) We will only accept a continuation certificate for the bond if we already have the original bond on file. If this is your first registration with us, or if you changed insurance companies, then you must provide the original bond.
- _____ Make sure **you sign your bond!!** (on the line that says Principal)
- _____ If you are a state licensed plumber, enclose a copy of your Ohio state plumbing license.

Failure to provide all of the above items, may result in your application being rejected and returned.

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF
DARKE COUNTY GENERAL HEALTH DISTRICT
300 GARST AVE
GREENVILLE, OH 45331
1-937-548-4196**

Business Name
or Plumbing Installer _____

Contractor's or
Installer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell phone: _____ Pager: _____ Years of Experience: _____

Bond Company: _____ Bond Expires: ____ / ____ / ____

Email: _____ License _____

REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR

APPLICATION FEE: \$200.00

Applicant, hereby, agrees to comply with all rules and regulations governing the installation of plumbing systems, as adopted by the Darke County General Health District, and further attests that he is qualified for registration requested.

Registrant agrees to maintain a \$20,000 BOND. If the surety bond is canceled, the registrant shall immediately submit proof of new registration bond in accordance with the requirements of the Darke County General Health District.

Registrant understands that the Board of Health may revoke or suspend a registration when the registrant fails to timely correct violations in accordance with the rules.

Non-Refundable, Non-transferable

APPLICANT _____
(Please print legibly)

APPLICANT _____ DATE: _____
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER _____ YEAR 2020

RECEIPT MAILED TO APPLICANT: BY: _____ DATE _____

BUSINESS NAME: _____

PHONE: _____

Journeyman Names: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Apprentice Names: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Registration for 2020

Plumbing Contractor

Total number of Journeyman:

Total number of Apprentice:

Fee:

\$200.00

\$40.00

\$15.00

Total Fee:

\$200.00

x

1

x

x

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Darke County General Health District

E. L. Holman, DVM, R.S., Health Commissioner



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Bond Number _____

BOND FOR PLUMBING CONTRACTORS/APPLIANCE INSTALLERS AND PLUMBING EMPLOYEES

Name _____ Phone # _____

Address _____

Firm Name _____ Phone # _____

Address _____

Note: Contractors, business firms, and self-employed installers must post surety bonds!
Employees of said contractors or firms do not have to be bonded.

KNOW ALL MEN BY THESE PRESENCE:

That we,

Of _____, as principal and the _____
_____, as surety are held and firmly

bound unto the Darke County Department of Health of Darke County, Ohio, for a term of twelve months ending December 31, 2____, in the sum of twenty thousand (\$20,000.00) dollars, lawful money of the United States for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators and assigns firmly by these presence.

Now, the condition of this obligation is such that.

Whereas: the said principal has applied for and has been granted permits to make installations of plumbing systems in Darke County, Ohio.

Now if the said principal shall conform to and abide by the law of the State of Ohio and all the rules and regulations of the Darke County Health Department, Darke County, Ohio now in effect and which may hereafter be enacted or adopted, and if said principal shall indemnify and save the Darke County Health Department harmless and free from any loss, damages, or claims for damages asserted against it by reason of said principal's failure to comply with any of said rules and regulations, then this obligation shall be void, otherwise to be and remain in full force and effect.

In witness whereof, the said principal and surety have hereunto subscribed their names this _____ day of _____, 2_____.

Principal

Surety



PLAN REVIEW APPLICATION
To install a plumbing system

Darke County Health Department
300 Garst Avenue Greenville, OH, 45331
(937) 548-4196 Ext. 209

Type of system (circle): Residential Commercial

Type of construction (circle): New Structure Remodel/ Addition

System to service (circle): Home Business Building Barn/ Outbuilding

Type of sewage system plumbing discharges to (circle): Sewer Home Septic EPA Septic

Owner: _____ **Phone:** _____

System Address: _____
 (Street/Road) (City) (Township)

*****You must attach an isometric drawing of the plumbing for approval.**

Please indicate below the number of fixtures for each item:

FIXTURES	NO.	FIXTURES	NO.	FIXTURES	NO.
Water Closet		Washer		Garbage Disposal	
Lavatory		Water Heater		Drinking Fountain	
Bath Tub		Water Softener		Wash Fountain	
Shower Bath		Floor Drain		Sewage Ejectors	
Sink		Roof Drain		Manufactured Homes	
Laundry Tray		Sump Pump		Sewer Hook-Up	
Grease Trap/Interceptor		Urinal		Air Admittance Valve	
Dishwasher		Slop Sink		Water Line	
Pressure Tank		Backflow Preventer		Other	

Total number of Fixtures: _____ The Darke County Health Department has *30 days* to review plans.

Once reviewed, you will be notified if approved or disapproved. If approved, you will be notified of the amount due & when you may come in and purchase your permit. If disapproved, you will be contacted to set up an appointment with the plumbing inspector to review the plans and make any necessary corrections.

I certify this application is complete and any changes to the submitted plans must have prior approval of the Health Department. I agree to install the plumbing in accordance with the plumbing code of Darke County.

Applicant: _____ **Signature:** _____
 (Name printed)

Plumbing Company: _____ **Phone Number:** _____

County Registration #: _____ **State# (if commercial):** _____

Do not send any money at this time!

Note: *48-HOUR* notice is needed for an appointment. All appointment times given are approximate

Base permit fee: \$70.00; Fixture Fee is \$15.00 per fixture;

Residential Plan Review Fee is \$25.00; Commercial Plan Review Fee is 30% of total plumbing permit with a \$45.00 min.

PLUMBING	LOCAL	+	STATE	=	TOTAL FEE
Plumbing Registration	\$200.00	+	\$0.00	=	\$200.00
<i>(plumbing bond at least \$20,000)</i>					
Journeyman	\$40.00	+	\$0.00	=	\$40.00
Apprentice	\$15.00	+	\$0.00	=	\$15.00
Sewer & Water Installer	\$200.00	+	\$0.00	=	\$200.00
Appliance Installer	\$200.00	+	\$0.00	=	\$200.00
Plumbing Permit base fee +fixture fees	\$70.00	+	\$0.00	=	\$70.00
Each fixture	\$15.00	+	\$0.00	=	\$15.00
Backflow (permit + fixture)	\$85.00	+	\$0.00	=	\$85.00
Sewer (permit + fixture)	\$85.00	+	\$0.00	=	\$85.00
Water (permit + fixture)	\$85.00	+	\$0.00	=	\$85.00
Water Heater	\$30.00	+	\$0.00	=	\$30.00
Water Softener	\$30.00	+	\$0.00	=	\$30.00
Gas Inspections	\$30.00	+	\$0.00	=	\$30.00
Gutter and Downspouts	\$30.00	+	\$0.00	=	\$30.00
Modular Home Plumbing permit	\$110.00	+	\$0.00	=	\$110.00
Plan Review Residential	\$25.00	+	\$0.00	=	\$25.00
Plan Review Commercial - 30% of permit, \$45.00 minimum					

There is a mandatory penalty fee of \$75.00 or 25% of the permit fee whichever is greater for failure to obtain a plumbing permit prior to starting work.

Each Village Sanitary Sewer Project Fee will be determined prior to beginning of project.

Plumbing permit extension fee	\$60.00	+	\$0.00	=	\$60.00
<i>(for permits issued after December 31, 2007)</i>					
2nd extension request for permits issued after December 31, 2010					\$100.00

DARKE COUNTY
2020 Water SOFTENER Only Plumbing Permit Application

Please Mark: _____ Residential _____ Commercial

Owner Name: _____ Owner Phone Number: _____

Property Address: _____

Applicant/Company Name: _____

Company Contact: _____ Phone Number: _____

Applicant Address: _____

I would like to apply for a water **softener** permit for the above address. I agree to comply with the rules and regulations of the Darke County Health Department. I understand the permit is non-refundable and non-transferable. The permit expires one year after date issued.

Signature: _____

Permit Fee: **\$30.00** Make Check Payable to: ***Darke County Health Department***
300 Garst Avenue
Greenville, Ohio 45331
937-548-4196 ext. 209

If approved, the permit and receipt will be mailed to you.

DARKE COUNTY
2020 Water SOFTENER Only Plumbing Permit Application

Please Mark: _____ Residential _____ Commercial

Owner Name: _____ Owner Phone Number: _____

Property Address: _____

Applicant/Company Name: _____

Company Contact: _____ Phone Number: _____

Applicant Address: _____

I would like to apply for a water **softener** permit for the above address. I agree to comply with the rules and regulations of the Darke County Health Department. I understand the permit is non-refundable and non-transferable. The permit expires one year after date issued.

Signature: _____

Permit Fee: **\$30.00** Make Check Payable to: ***Darke County Health Department***
300 Garst Avenue
Greenville, Ohio 45331
937-548-4196 ext. 209

If approved, the permit and receipt will be mailed to you.

DARKE COUNTY
2020 Water Heater Only Plumbing Permit Application

Please Mark: _____ Residential _____ Commercial

Owner Name: _____ Owner Phone Number: _____

Property Address: _____

Applicant/Company Name: _____

Company Contact: _____ Phone Number: _____

Applicant Address: _____

I would like to apply for a water **heater** permit for the above address. I agree to comply with the rules and regulations of the Darke County Health Department. I understand the permit is non-refundable and non-transferable. The permit expires one year after date issued.

Signature: _____

Permit Fee: **\$30.00** Make Check Payable to: ***Darke County Health Department***
300 Garst Avenue
Greenville, Ohio 45331
937-548-4196 ext. 209

If approved, the permit and receipt will be mailed to you.

DARKE COUNTY
2020 Water Heater Only Plumbing Permit Application

Please Mark: _____ Residential _____ Commercial

Owner Name: _____ Owner Phone Number: _____

Property Address: _____

Applicant/Company Name: _____

Company Contact: _____ Phone Number: _____

Applicant Address: _____

I would like to apply for a water **heater** permit for the above address. I agree to comply with the rules and regulations of the Darke County Health Department. I understand the permit is non-refundable and non-transferable. The permit expires one year after date issued.

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