



2026 PLUMBING PLAN REVIEW APPLICATION

Darke County Health Department

300 Garst Avenue Greenville, OH, 45331

(937) 548-4196 Ext. 209

Email: kim.pickett@darkecountyhealth.org or hayley.reier@darkecountyhealth.org

Type of system (circle): Residential or Commercial- EMAIL PDF OF THE PLANS for file
*Commercial must meet with inspector before application is processed

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

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

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

No final plumbing inspection will be done until the required sewage system is installed and approved.

If Sewer, what Village/ City: _____

Owner: _____ Phone: _____

Owner Address: _____

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: B= Basement, Floors 1,2, & 3

FIXTURES	B	1	2	3	FIXTURES	B	1	2	3	FIXTURES	B	1	2	3
Water Closet					Washer					Garbage Disposal				
Lavatory					Water Heater					Drinking Fountain				
Bath Tub					Water Softener					Water Line				
Shower Bath					Floor Drain					Sewage Ejectors				
Sink (inc. mop, wash)					Roof Drain					Sewer Hook-Up				
Laundry Tray					Sump Pump					Air Admittance Valve				
Grease Trap/Interceptor					Urinal					Other				
Dishwasher					Backflow Preventer					INITIAL SANITARY SEWER HOOKUP unless otherwise specified \$100 total				
WATER HEATER ONLY \$30					WATER SOFTENER ONLY \$30									

Total number
of Fixtures:

Total Due:

The Darke County Health Department has 30 days to review plans. Plans must be approved and permits secured before starting any work. Once application is reviewed, you will be notified if approved or disapproved.

The undersigned hereby applies for a permit to do plumbing conforming to and for the inspection thereof as provided by the Ohio Plumbing Codes and Darke County General Health District regulations. I certify this application is complete and any changes to the submitted plans must have prior approval. Signature below acknowledges payment for the plumbing permit and that it is non-transferable and non-refundable and valid for one year from date of issue.

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

Plumbing Company: _____ Phone Number: _____

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

Backflow Testing Certification # (if needed): _____ PERMIT #: _____

Receipt #: _____ **Do not send any money at this time!**

Note: **48-HOUR** notice is needed for an appointment. All appointment times given are approximate. Total includes: **Base permit fee: \$70.00**; Fixture Fee is **\$15.00 per fixture**; and Residential **Plan Review Fee** is \$25.00 or Commercial Plan Review Fee is 30% of total plumbing permit with a \$45.00 min. Reinspection and first extension fee is \$60.00.