

DARKE COUNTY
Water HEATER Only Plumbing Permit Application

Please Mark: _____ Residential _____ Commercial **Permit #:** _____

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: _____

Receipt #: _____

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 or emailed to you.

Email: _____

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