



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

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.