



## 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](mailto:kim.pickett@darkecountyhealth.org) or [hayley.reier@darkecountyhealth.org](mailto: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

ITEM	B	1	2	3	ITEM	B	1	2	3	ITEM	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					
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					
WATER HEATER ONLY \$30					WATER SOFTENER ONLY \$30					INITIAL SANITARY SEWER HOOKUP unless otherwise specified \$100 total					

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.