

Shelby County Plumbing Permit Application

Sidney-Shelby County Health Department
 202 West Poplar St., Sidney OH 45365
 Phone: (937) 498-7249 Fax (937) 498-7013

Permit No. _____
 Date Issued _____
 Plans Approved _____

Call for inspection day before: 937-573-3534 or 937-573-3535
 Miami County Health District 510 W Water St Troy OH 45373

PRINT

JOB ADDRESS INFORMATION _____ Residential _____ Commercial _____

Address _____ Township _____

City _____ State _____ Zip _____

OWNER'S INFORMATION

Name _____

Address _____ Township _____

City _____ State _____ Zip _____

The undersigned hereby applies for a permit to do plumbing conforming to and for the inspection thereof as provided in Section 3703.99, inclusive of the Revised Code and the Ohio Administration Code 4101-51.

Applicant's Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Registration # _____ State Contractor Lic # _____

Ohio Dept. of Commerce Backflow Tester Certification Lic. # _____

Signature of Applicant or Authorized Agent _____ Date _____

NOTE: State Contractor License number required for ALL Commercial Plumbing.

- A reinspection fee of \$50.00 will be assessed whenever a reinspection is necessary.
- No portion of any building shall be occupied until final air tests and inspections have been made and approved.
- For Homeowners Only: Isometric drawing must be submitted with this application and approved before permit is issued.
- Permits left dormant for more than one year are subject to review and revocation.

COMMENTS:

INSPECTIONS:

STORM DRAIN _____ DATE _____ TEST _____
 UNDERGROUND _____ DATE _____ TEST _____
 ROUGH IN _____ DATE _____ TEST _____
 FINAL _____ DATE _____ TEST _____
 REINSPECTION DATE _____

FLOOR

| FIXTURES | B | 1 | 2 | 3 |
|---------------------------|---|---|---|---|
| Water Closet | | | | |
| Bath Tub | | | | |
| Lavatories | | | | |
| Shower | | | | |
| Sink / Mop / Bar | | | | |
| Garbage Disposal | | | | |
| Dishwasher | | | | |
| Laundry Tray | | | | |
| Automatic Washer | | | | |
| Floor Drain | | | | |
| Ejector Pit | | | | |
| Back Water Valve | | | | |
| Air Admittance Valve | | | | |
| Water Heater | | | | |
| Water Softener | | | | |
| Grease Trap / Interceptor | | | | |
| Backflow | | | | |
| Urinal | | | | |
| Drinking Fountain | | | | |
| Sump Pump | | | | |
| Other | | | | |
| Replacement | | | | |
| Water Heater \$30 | | | | |
| Water Softeners \$30 | | | | |
| Must include phone | | | | |

| PLUMBING FEES | | |
|---------------------------------|--|--|
| Basic Permit | \$45.00 | |
| Fixtures _____ | @ \$17.00 | |
| Plan Review Residential | - \$45.00 | |
| Plan Review Commercial | - \$ 0.0125 per Sq. Ft. Minimum \$ 25.00 | |
| Reinspection Fee | \$50.00 | |
| Special Inspection Fee | \$125.00 | |
| Backflow Recertification | \$25.00 | |
| TOTAL DUE | | |

Date Paid _____
 Receipt No. _____
 Received by _____
 Reinspection fee paid _____

Board of Health

Sidney-Shelby County

202 W. POPLAR STREET
SIDNEY, OHIO 45365
PHONE (937) 498-7249 FAX (937) 498-7013
EMAIL: sschd@shelbycountyhealthdept.org

PLUMBING FEES

****Effective: April 20, 2023**

Annual Registration of Plumbing Contractor

| | |
|---|----------|
| 1-5 Plumbers | \$250.00 |
| More than 5 Plumbers | \$300.00 |
| Bond in the sum of \$10,000.00 (need original copy) | |

Plumbing Inspection Fees

| | |
|---------------------------|----------|
| Plumbing Basic Permit Fee | \$ 45.00 |
| Reinspection Fee | \$ 50.00 |
| Special Inspection Fee | \$125.00 |

Plumbing Permit Fees

| | |
|------------------------------------|------------------------------------|
| Plumbing Per Fixture | \$ 17.00 |
| Plan Review Fees | |
| Residential | \$ 45.00 |
| Commercial | \$ 0.0125 per Sq. Ft./\$25.00 Min. |
| Backflow Preventer Recertification | \$ 25.00 |
| Water Heater Replacement Permit | \$ 30.00 |
| Water Softener Replacement Permit | \$ 30.00 |

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Rev. 4/20/2023

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When homeowners take out plumbing permits, they have accepted the responsibility for their own work, and that work must comply with Ohio Plumbing Code. This includes accepted engineering practice and workmanship. All pipe fittings and fixtures must comply with Ohio Plumbing Code Section Number 4101:2-51-05. Drawing must be presented with or at time permit is purchased. This drawing must be checked and approved by the Plumbing Inspector. **Plumbing must be inspected before being covered.** Pipes extending through walls must be supported by compatible material. Showerheads and tub spouts must be secure. Tub and shower valves must be of the pressure balance or temperature control type. All hose bibs must be protected with vacuum breakers. Boiler drains on pressure tanks and water heaters must have Nidel Type Vacuum Breakers.

Quick closing valves must have shock absorbers close to end of water distributions branch.

Inspection tests and testing equipment must be furnished by permit holder and applied to system 15 minutes before arrival of Plumbing Inspector.

Explanation of plumbing tests and testing procedure follows.

INSTRUCTIONS FOR HOMEOWNERS WHO PURCHASE PLUMBING PERMITS

The following plumbing inspections are required by Ohio Plumbing Code 4101-2-51-72 thru 75:

1. 1st rough inspection - this is for any plumbing that is to be installed underground. This plumbing must be plugged and either filled with water with a 10' riser to produce approximately 5 pounds of pressure in system or pressurized with 5 P.S.I. of air. If there is no leak, call for plumbing inspection.
2. 2nd rough inspection - this inspection is on all pipes in the system and must be taken before anything is covered with drywall or insulation. All openings must be closed and again either fill with water or air the same as 1st rough inspection.
3. Final inspection - after all plumbing fixtures and appliances are set and connected, all traps must be filled with water and all vents must be plugged. Main building drain must be plugged, water heater must be at operating temperature. Tub and shower valves must be set not over 120° F.

Call for final inspection Monday through Friday from 7:30 to 9:00 a.m.

Sincerely,

Barry McMillen
Plumbing Inspector

Board of Health Sidney-Shelby County

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OWNER PERFORMANCE

The Sidney-Shelby County Health Department Plumbing Regulations shall not prohibit the owner of a residential structure from personally installing plumbing in his or her owned and personally occupied single residence. The following stipulations are required in Shelby County when a homeowner is performing his/her own plumbing work:

1. If anyone is hired to assist or finish the plumbing, they must be a registered plumbing contractor with the Shelby County Health Department; and
2. An isometric drawing of the plumbing is to be submitted and approved by this department before a plumbing permit is used and work started.
3. The owner installing his or her own plumbing must personally occupy the single residence for at least one year.

I, _____, agree to these stipulations and will call the Miami County Health Department (contracted with Shelby County) for the required inspections and tests.

Homeowner: _____

Date: _____

Signature of Notary Public

Date Commission Expires

Miami County Public Health



Public Health Prevent. Promote. Protect.

510 W Water Street, Suite 130, Troy, Ohio 45373
www.miamicountyhealth.net
Phone: 937-573-3504
Fax: 937-573-3502

PLUMBING REQUIREMENTS

Inspections:

- *Need to know Permit Number to schedule inspections.
- *Plumbing company must call 937-573-3504 before 3:30 pm the day before the inspection is to be done to schedule.
- *The morning of the inspection (next day) call between 8:00 am — 9:00 am to confirm the inspection and receive an approximate time for the inspection. If you do not call the next day to get the inspection time, the inspector will NOT do the inspection.

To install plumbing as a homeowner:

- *Homeowner must be doing the plumbing and live in the home.
- *Submit ISOMETRIC drawing/plans (may be done by owner).
- *Can meet with Plumbing Inspector between 8:00 am – 9:00 am or by appointment.
- *Must sign OWNER PERFORMANCE paperwork and have notarized by a notary public.
- *Owner must live in the house for one year after the final inspection.
- *By regulation, landlord/owner of rental property may not complete plumbing work.

Commercial Requirements:

- *Commercial plumbing contractors must submit isometric drawing. Contractors can meet with plumbing inspector from Miami County between the hours of 8:00 am – 9:00 am or by appointment.
- *Plans must be approved by Miami County Public Health before permit is issued. Once drawings are approved, Shelby County Health Department will take payment and plumbing permit number will be issued.
- *Miami County Plumbing Department has 30 days to review drawings. Commercial Plumbing Contractor must have **Ohio State License** and be registered in Shelby County.

Contact Names:

- *Barry McMillen — Chief Plumbing Inspector, Miami County Public Health
- *Tim J. Miller— Plumbing Inspector, Miami County Public Health
- JEFF NORRIS — Plumbing Inspector, Miami County Public Health

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Public Health
Prevent. Promote. Protect.

**Board of Health
Sidney-Shelby County**

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2024 BACKFLOW PLUMBING CERTIFICATION

Instructions:

Anyone doing plumbing work/backflow testing in Shelby County is required to be registered with Shelby County (fee paid PLUS bond in the amount of \$10,000) AND have a state-certified Backflow Tester identification card.

SHELBY COUNTY REGISTERED STATE CERTIFIED BACKFLOW TESTERS:

Complete form "Backflow Prevention Assembly Test Report" and return with \$25.00.

One form for each Backflow Device.

NOTICE:

NO PERMITS WILL BE ISSUED WHEN CANCELLATION NOTICE OF INSURANCE IS RECEIVED.

Backflow plumbing certification is not required to be submitted to the Sidney-Shelby County Health Department in the following jurisdictions: Russia, Ft. Loramie, Botkins and the Kettlersville Well Association. Contact our office with any questions or for clarification.



Public Health
Prevent. Promote. Protect.

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BACKFLOW PREVENTION ASSEMBLY TEST REPORT

FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Customer and Property Information – Please Print

Permit # _____

Property Address: _____ City: _____

Owner/Business Name: _____ Contact Name: _____ Phone: _____

Device Information – Please Print

NEW INSTALLATION EXISTING OR REPLACEMENT OLD SERIAL NUMBER _____

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP RP DC PVB OTHER (SPECIFY) _____

MAKE OF ASSEMBLY _____ MODEL _____ SIZE _____ SERIAL NO _____

What hazard is being isolated? (i.e. boiler, irrigation, complete building) _____

Describe location of assembly _____

| | Double Check Assembly | | | Reduced Pressure Assembly | | | Pressure Vacuum Breaker | | |
|--------------|-----------------------------|----------|--|-------------------------------|--|--|-------------------------|----------|--|
| Initial Test | Outlet Valve | ____psid | Pass <input type="checkbox"/> Fail <input type="checkbox"/> | 1# Check Valve | ____psid | Pass <input type="checkbox"/> Fail <input type="checkbox"/> | Air Inlet Valve | ____psig | Pass <input type="checkbox"/> Fail <input type="checkbox"/> |
| | 1# Check Valve | ____psid | Pass <input type="checkbox"/> Fail <input type="checkbox"/> | Relief Valve Opening Point | ____psid | Pass <input type="checkbox"/> Fail <input type="checkbox"/> | Check Valve | ____psig | Pass <input type="checkbox"/> Fail <input type="checkbox"/> |
| | 2 nd Check Valve | ____psid | Pass <input type="checkbox"/> Fail <input type="checkbox"/> | 2 nd Check Valve | ____psid | Pass <input type="checkbox"/> Fail <input type="checkbox"/> | | | |
| | | | | Outlet Valve | Pass <input type="checkbox"/> Fail <input type="checkbox"/> | | | | |

Does the assembly meet proper installation requirements? YES NO

Assembly PASSED FAILED *NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN 10 DAYS

COMMENTS _____

Certified Tester Information – Please Print

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.

Tester's Name (PRINTED) _____ State Certification No. _____

Test Equipment: Make _____ Model _____ S/N _____ Cal. Date _____

Tester's Company Name _____ Phone No. _____

Tester's Signature _____ Date _____

Return this form with fee: \$25.00 for each unit inspected. Payment by credit card available. Please call Sidney-Shelby County Health Department at 937-498-7249. Credit card convenience fee will apply.

**SIDNEY-SHELBY COUNTY
HEALTH DEPARTMENT**

APPLICATION FOR 2024 PLUMBING CONTRACTOR REGISTRATION

NAME OF BUSINESS _____

NAME OF OWNER _____ **** STATE PLUMBING CONTRACTOR LICENSE #**
and/or *STATE CERTIFIED BACKFLOW TESTER LICENSE#**

ADDRESS _____ City _____ State _____ Zip _____

OFFICE PHONE _____ CELL PHONE _____ FAX and/or EMAIL _____

APPLICANT'S SIGNATURE _____ DATE _____

****STATE CONTRACTOR LICENSE # REQUIRED FOR ALL COMMERCIAL PERMITS.**

*****PLEASE SPECIFY IF YOU ARE A STATE CERTIFIED BACKFLOW TESTER AND SUPPLY CERTIFICATE.**

REGISTRATION FEE:

1 – 5 Plumbers = \$250.00

More than 5 Plumbers = \$300.00

TOTAL AMOUNT PAID \$ _____

******This application must be accompanied by an original bond (if new) in the amount of \$10,000.00 (photocopies or faxes will be accepted for continuation bonds) AND copies of your State Certified Backflow Tester Certificate and/or State Plumbing Contractor License Certificate. No new permits or inspections will be provided until you are registered for 2024.***



Return application to: Sidney-Shelby County Health Department
202 W. Poplar St., Sidney, OH 45365

***** OFFICE USE ONLY *****

TOTAL PAID: _____ REGISTRATION #: _____

DATE PAID: _____ APPROVED: _____ DISAPPROVED: _____

RECEIPT #: _____

DATE _____