



Public Health
Prevent. Promote. Protect.

Board of Health Sidney-Shelby County

202 W. Poplar Street, Sidney, OH 45365

Phone: (937) 498-7249
Fax: (937) 498-7013
sschd@shelbycountyhealthdept.org
shelbycountyhealthdept.org

PLUMBING PERMIT APPLICATION PROCESS

Anyone doing plumbing work in Shelby County is required to apply for a Plumbing Permit with the Sidney-Shelby County Health Department. **Sidney-Shelby County Health Department contracts with Miami County Public Health for plumbing services.**

COMMERCIAL REQUIREMENTS: Plans are reviewed by Miami County Public Health

- Commercial plumbing contractors must submit isometric drawings to Miami County Public Health along with a complete and signed Shelby County plumbing application.
- Plans must be approved by the Miami County Plumbing inspector(s) before permit is issued from Shelby County Health Department.
- Miami County Plumbing Department has 30 days to review drawings.
- Commercial Registered Plumbing Contractor must meet with plumbing inspector 8 - 9am or by appt. Phone numbers to reach inspectors are 937-573-3534 or 937-573-3535.
- Commercial Plumbing Contractor must have Ohio State Plumbing License.

If a food service is involved, the Environmental Health Department must receive a set of drawings and the plans must be approved by a Food Service Sanitarian before a plumbing permit will be issued.

RESIDENTIAL PLUMBING PERMITS:

- Registered Shelby County Plumber submits completed application form.
- Permit applications may be faxed with credit card information to 937-498-7013 or emailed to sschd@shelbycountyhealthdept.org

HOMEOWNER REQUIREMENTS:

- Homeowner must be doing the plumbing.
- Submit Isometric drawing and meet with Miami County Plumbing Inspector 8 - 9am or by appt.
- Must live in the house for 1 year after final inspection. Must sign Owners Performance paperwork and be notarized.
- Landlord/Owner of rental property MAY NOT complete plumbing work.

CONTACT NAMES:

- Tim Miller - Chief Plumbing Inspector, Miami County Public Health
- Jeff Norris - Plumbing Inspector, Miami County Public Health

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



Sidney-Shelby County Health Department
 202 W. Poplar Street, Sidney, Ohio 45365
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Permit No. _____
Date Issued: _____
Plans Approved: _____
Receipt # _____
Date Paid: _____

PLUMBING PERMIT APPLICATION

PRINT
 Owner _____

Owner _____
 Address _____ Phone _____

City _____ State _____ Zip _____

Plumbing Installer: _____

State License # _____ Exp. Date: _____

State license number required for **all** Commercial plumbing

Location: New Existing Lot # _____
 Residential Commercial

Location Address _____

City _____ Township _____

Location on a septic system or well? Yes No

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 Miami County Public Health Regulations.

Applicant _____

NOTE: PLANS MUST BE APPROVED AND PERMITS SECURED BEFORE STARTING ANY WORK.

- *No final inspection of plumbing will be done until the required sewage system has been installed and approved.
- *For inspection, call 937-573-3504 before 3:30 pm the day before. ***MUST HAVE PERMIT NUMBER***
- *For time of inspection, call the day of between 8-9 am.
- *Commercial plan review MUST meet with a plumbing inspector before the application can be processed.
- *Backflow inspection fee of \$25 to be paid with completed backflow inspection report.

Approved by: _____

PERMITS ARE VALID FOR ONE YEAR FROM DATE OF ISSUE

To charge your permit fees, complete the following: **(\$2.50 convenience fee will be applied)**

Name _____ Address _____ Zip Code _____

Card # _____ Expiration Date _____ Phone # _____ 3-digit code _____

FIXTURES \$17	B	1	2	3
Water Closet				
Bath Tub				
Lavatories				
Shower				
Sink				
Garbage Disposal				
Dishwasher				
Laundry Tray				
Automatic Washer				
Floor Drain				
Ejector Pit				
Back Water Valve				
Air Admittance Valve				
Water Heater				
Water Softener				
Grease Trap				
Oil Interceptor				
Urinal				
Drinking Fountain				
Roof Drains				
Sump Pump				
REPLACEMENTS \$30				
Water Heater				
Water Softener				

INSPECTION FEES	
Basic Permit	\$45.00
Fixture or Trap	@\$17.00
Plan Review Residential	\$45.00
Plan Review - Commercial	.0125 per sq. foot / Min \$25.00
Re-inspection Fee	\$50.00
Special Inspection Fee	\$125.00
Backflow Recertification	\$25.00
NO PAYMENT DUE UNTIL AFTER PLAN REVIEW IS FINALED	
TOTAL DUE	

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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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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.

Miami County Public Health-Plumbing Division

Rev. 7/9/2025

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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



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BACKFLOW PREVENTION ASSEMBLY TEST REPORT

FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Customer and Property Information – Please Print

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"/>
	2nd Check Valve	_____psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	2nd 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.

To charge your permit fees, complete the following: **(\$2.50 convenience fee will be applied)**

Name _____ Address _____ Zip Code _____

Card # _____ Expiration Date _____ Phone # _____ 3-digit code _____



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Commercial, Residential & Backflow Tester Plumbing Registration

Any company doing plumbing work/backflow testing in Shelby County is required to register with Sidney-Shelby County Health Department

Plumbing Contractors/Backflow Tester Contractors/Companies:

- *Complete form: \$ 250.00 for 1-5 Plumbers \$ 300.00 for More than 5 Plumbers
- *Commercial Plumbing Contractor must have a State Plumbing License
- *Commercial Plumbing Contractor may work as Residential Plumbing Contractor
- *Residential & Commercial Plumbing Contractors MUST submit a bond in the amount of \$10,000.
- * A contractor who performs backflow testing as part of their business must submit their State Backflow Certification along with their company's plumbing registration.

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.

NOTICE: NO PERMITS WILL BE ISSUED WHEN CANCELLATION NOTICE OF BOND INSURANCE IS RECEIVED. KEEP ALL BONDS CURRENT.

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SHELBY COUNTY PLUMBING REGISTRATION APPLICATION 2026

Please Print

Plumber Name _____

Plumber Address _____

City, State & Zip _____

Company Name _____

Company Address _____

City, State & Zip _____

Plumbing Contractor # _____ Phone # _____ Fax # _____

Backflow Tester # _____ E-mail Address _____

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 2026.***

Applicant Signature _____ Date _____

Approval _____ Registration No. _____ Receipt # _____ Date Issued _____

To charge your registration fees, please complete the following: (\$2.50 convenience fee will be applied)

Name on Card _____ Address _____

Card # _____ Expiration Date of Card _____

Zip Code _____ 3 Digit Code from back of card _____ *CARD INFO NOT KEPT ON FILE