



**Public Health**  
Prevent. Promote. Protect.

# *Board of Health Sidney-Shelby County*

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## **PLUMBING PERMIT APPLICATION**

Anyone doing plumbing work in Shelby County is required to apply for a Plumbing Permit with the Shelby County Health Department.

### **COMMERCIAL REQUIREMENTS:**

- Commercial plumbing must submit isometric drawing along with a complete, signed application.
- Plans must be approved by inspector before permit is issued.
- Plumbing Department has 30 days to review drawings.
- Commercial Registered Plumbing Contractor must meet with plumbing inspector 8 - 9am or by appt.
- Commercial Plumbing Contractor must have Ohio State 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 –WATER SOFTENER & WATER HEATER REQUIREMENTS:**

- Registered Shelby County Plumber submits completed form.
- Permit applications may be faxed with credit card information to 937-573-3502.

### **HOMEOWNER REQUIREMENTS:**

- Homeowner must be doing the plumbing.
- Submit Isometric drawing and meet with 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.

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



Sidney-Shelby County Health Department  
202 W. Poplar Street, Sidney, Ohio 45365  
[www.shelbycountyhealthdept.org](http://www.shelbycountyhealthdept.org)  
Phone 937-498-7249 Fax 937-498-7013

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: (convenience fee will be applied)

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Phone # \_\_\_\_\_ 3-digit code \_\_\_\_\_

| <b>FIXTURES \$17</b>     | <b>B</b> | <b>1</b> | <b>2</b> | <b>3</b> |
|--------------------------|----------|----------|----------|----------|
| 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                |          |          |          |          |
| <b>REPLACEMENTS \$30</b> |          |          |          |          |
| 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                         |  |
| <b>Backflow Recertification</b>                          | <b>\$25.00</b>                   |  |
| <b>NO PAYMENT DUE UNTIL AFTER PLAN REVIEW IS FINALED</b> |                                  |  |
| <b>TOTAL DUE</b>                                         |                                  |  |