



# Darke County General Health District

Jordan Francis, MPH, Health Commissioner

Contributing to a Stronger, Healthier Community

TO: PLUMBING CONTRACTORS, APPLIANCE INSTALLERS & SEWER & WATER  
LINE INSTALLERS

FROM: JORDAN FRANCIS, MPH, HEALTH COMMISSIONER

DATE: OCTOBER 18, 2023

SUBJECT: REGISTRATION FOR 2024

All current registrations for plumbing will expire December 31, 2023. We are enclosing the application for your **2024** registration. The registration fee is one hundred seventy-five dollars (\$175.00) annually for the calendar year or any part thereof, for each individual who is owner, part owner or member, and any part of whose duties are to perform plumbing. **Journeyman** registration is an additional **\$40.00** each and **Apprentices** are an additional **\$15.00** each. You must be registered and bonded to do any plumbing work including backflow prevention testing in Darke County.

There will be a hearing held on November 16, 2023 and December 5, 2023 at 9:00 AM to discuss the proposed fee changes for the 2024 licensing year. This hearing will occur at the Board of Health Meeting located at the Health Department, 300 Garst Ave, Greenville, OH. You are welcome to attend the hearing or you may submit your comments in writing to the Board of Health and they will be reviewed at the meeting.

**Please sign the application and return it to our office, with the fee. If you are currently registered with the State of Ohio to do commercial plumbing or back flow prevention testing, please include a copy of this documentation.**

NOTE: A \$20,000 BOND IS REQUIRED IN ORDER TO REGISTER IN DARKE COUNTY. ENCLOSED IS A COPY OF THE BOND FORM. THIS IS A NON-REFUNDABLE, NON-TRANSFERABLE REGISTRATION. PLEASE MAKE CHECKS PAYABLE TO: DARKE COUNTY HEALTH DEPARTMENT

NOTE: Each year we compile a list of registered plumbers or contractors. This list is given, upon request, to any interested person requiring this service and appears on our website. If you desire to have your name appear on this list, please be sure you register prior to February 1, 2024.

There are currently registration requirements for septic system service providers. If you are interested in registering as a service provider, these applications are available at the Health Department also. The sewage rules are available by searching, Ohio Administrative Code 3701-29. If you have any questions feel free to call the Health Dept. at 937-548-4196 ext. 209



**PLUMBING REGISTRATION CHECK LIST TO INCLUDE WITH YOUR REGISTRATION:**

\_\_\_\_\_ Completed, signed, dated application.

\_\_\_\_\_ Fee of **\$175** (includes the applicant) **plus \$40** for each journeyman and **\$15** for each apprentice.

\_\_\_\_\_ List of Journeyman and Apprentices that you have, use the enclosed form.

\_\_\_\_\_ \$20,000 Plumbing contractor bond. You must provide the **original bond** to us. (a bond form is enclosed for your insurance agent to use and attach a power of attorney page to.) We will only accept a continuation certificate for the bond if we already have the original bond on file. If this is your first registration with us, or if you changed insurance companies, then you must provide the original bond.

Make sure **you sign your bond!!** (On the line that says Principal)

\_\_\_\_\_ If you are a state licensed plumber, enclose a copy of your Ohio state plumbing license.

**Failure to provide all of the above items, may result in your application being rejected and returned.**

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING  
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF  
DARKE COUNTY GENERAL HEALTH DISTRICT  
300 GARST AVE  
GREENVILLE, OH 45331  
1-937-548-4196**

Business Name  
or Plumbing Installer \_\_\_\_\_

Contractor's or  
Installer's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: 1 \_\_\_\_\_ Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Bond Company: \_\_\_\_\_ Bond Expires: \_\_\_\_\_

Email: \_\_\_\_\_ License \_\_\_\_\_

REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR

APPLICATION FEE: \$175.00

Applicant, hereby, agrees to comply with all rules and regulations governing the installation of plumbing systems, as adopted by the Darke County General Health District, and further attests that he is qualified for registration requested.

Registrant agrees to maintain a \$20,000 BOND. If the surety bond is canceled, the registrant shall immediately submit proof of new registration bond in accordance with the requirements of the Darke County General Health District.

Registrant understands that the Board of Health may revoke or suspend a registration when the registrant fails to timely correct violations in accordance with the rules.

Non-Refundable, Non-transferable

APPLICANT \_\_\_\_\_  
(Please print legibly)

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE)

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(Office Use Only)

REGISTRATION APPROVED \_\_\_\_\_

REGISTRATION NUMBER \_\_\_\_\_ YEAR 2024

RECEIPT MAILED TO APPLICANT: BY: \_\_\_\_\_ DATE \_\_\_\_\_



# Darke County General Health District

Jordan Francis, MPH, Health Commissioner

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Bond Number \_\_\_\_\_

## BOND FOR PLUMBING CONTRACTORS/APPLIANCE INSTALLERS AND PLUMBING EMPLOYEES

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Note: Contractors, business firms, and self-employed installers must post surety bonds!  
Employees of said contractors or firms do not have to be bonded.

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**KNOW ALL MEN BY THESE PRESENCE:**

That we,

Of \_\_\_\_\_, as principal and the \_\_\_\_\_

\_\_\_\_\_, as surety are held and firmly bound unto the Darke County Department of Health of Darke County, Ohio, for a term of twelve months ending December 31, 2\_\_\_\_, in the sum of twenty thousand (\$20,000.00) dollars, lawful money of the United States for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators and assigns firmly by these presence.

Now, the condition of this obligation is such that.

Whereas: the said principal has applied for and has been granted permits to make installations of plumbing systems in Darke County, Ohio.

Now if the said principal shall conform to and abide by the law of the State of Ohio and all the rules and regulations of the Darke County Health Department, Darke County, Ohio now in effect and which may hereafter be enacted or adopted, and if said principal shall indemnify and save the Darke County Health Department harmless and free from any loss, damages, or claims for damages asserted against it by reason of said principal's failure to comply with any of said rules and regulations, then this obligation shall be void, otherwise to be and remain in full force and effect.

In witness whereof, the said principal and surety have hereunto subscribed their names this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Principal  
\_\_\_\_\_  
Surety



**DARKE COUNTY**  
**2024 Water Heater Only Plumbing Permit Application**

Please Mark: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

Owner Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Applicant/Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

I would like to apply for a water **heater** permit for the above address. I agree to comply with the rules and regulations of the Darke County Health Department. I understand the permit is non-refundable and non-transferable. The permit expires one year after date issued.

Signature: \_\_\_\_\_

Permit Fee: **\$30.00**      Make Check Payable to: ***Darke County Health Department***  
300 Garst Avenue  
Greenville, Ohio 45331  
937-548-4196 ext. 209

*If approved, the permit and receipt will be mailed to you.*

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**DARKE COUNTY**  
**2024 Water Heater Only Plumbing Permit Application**

Please Mark: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

Owner Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Applicant/Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

I would like to apply for a water **heater** permit for the above address. I agree to comply with the rules and regulations of the Darke County Health Department. I understand the permit is non-refundable and non-transferable. The permit expires one year after date issued.

Signature: \_\_\_\_\_

Permit Fee: **\$30.00**      Make Check Payable to: ***Darke County Health Department***  
300 Garst Avenue  
Greenville, Ohio 45331  
937-548-4196 ext. 209

*If approved, the permit and receipt will be mailed to you.*

**DARKE COUNTY**  
**2024 Water SOFTENER Only Plumbing Permit Application**

Please Mark: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

Owner Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Applicant/Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

I would like to apply for a water **softener** permit for the above address. I agree to comply with the rules and regulations of the Darke County Health Department. I understand the permit is non-refundable and non-transferable. The permit expires one year after date issued.

Signature: \_\_\_\_\_

Permit Fee: **\$30.00**      Make Check Payable to: ***Darke County Health Department***  
300 Garst Avenue  
Greenville, Ohio 45331  
937-548-4196 ext. 209

*If approved, the permit and receipt will be mailed to you.*

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**DARKE COUNTY**  
**2024 Water SOFTENER Only Plumbing Permit Application**

Please Mark: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

Owner Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Applicant/Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

I would like to apply for a water **softener** permit for the above address. I agree to comply with the rules and regulations of the Darke County Health Department. I understand the permit is non-refundable and non-transferable. The permit expires one year after date issued.

Signature: \_\_\_\_\_

Permit Fee: **\$30.00**      Make Check Payable to: ***Darke County Health Department***  
300 Garst Avenue  
Greenville, Ohio 45331  
937-548-4196 ext. 209

*If approved, the permit and receipt will be mailed to you.*