



December 1, 2019

To: ALL PLUMBERS

From: ERIK BALSTER, HEALTH COMMISSIONER

Enclosed is a combined registration and bond form for any individual, more than one, who is owner, part-owner, or member, and any part of whose duties are to perform plumbing in Preble County in 2020. The fees for the plumbing program are as follows:

Master Plumber - \$125.00  
\$10,000.00 bond

Employee(s) - \$30.00 each

Plumbing permits - \$50.00 permit fee plus \$15.00 per fixture.

Fixture write-ins will be done at the discretion of the plumbing inspector and/or Environmental Health Director. Permits will expire one year after date issued. Effective January 1, 2020 -- Permits are non-transferable.

Plan Review Fee - 30% of the total cost of the plumbing permit.

Plan reviews must be approved and plumbing permits must be pulled prior to any commercial/industrial work being started or be subject to a penalty fee. Three copies of engineer-stamped drawings are needed for commercial jobs.

Re-inspection Fee - \$50.00

Penalty - 30% of the total cost of the permit.

Permits are subject to penalty if work is started prior to pulling the permit.

The plumbing permit number and name of home owner or business are the information needed when making an inspection request. We would appreciate a days notice. Office hours are Monday thru Friday 8:00 to 4:00. Plumbing inspections are scheduled for Tuesdays and Thursdays, 7:30 - 11:30 a.m., however, some variations may occur. Please plan accordingly.

**Just a reminder, any plumber doing commercial/industrial plumbing must carry a state plumbing license. Also, any plumber doing any work on a private water system must carry an Ohio Department of Health Private Water System registration. A private water system consists of everything from the well into the house, including the pressure tank and would require a private water system permit.**

Make checks payable to: Preble County General Health District



**REGISTRATION AND BOND  
FOR  
PLUMBING CONTRACTORS & PLUMBER EMPLOYEES  
PREBLE COUNTY GENERAL HEALTH DISTRICT  
615 HILLCREST DRIVE  
EATON, OHIO 45320**

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

**NOTE:** Contractors, business firms & self-employed installers must post surety bonds! Employees of said installers or firms DO NOT have to be bonded.

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**KNOW ALL MEN BY THESE PRESENTS:**

That we \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_, as principal and the \_\_\_\_\_

\_\_\_\_\_, as surety are held and firmly bound unto the Preble County General Health District of Preble County, Ohio, for a term of twelve months ending December 31, 20\_\_\_\_, in the sum of ten thousand (\$10,000.00) 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 presents.

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 Preble 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 Preble County General Health District, Preble County, Ohio now in effect and which may hereafter be enacted or adopted, and if said Principal shall indemnify and save the Preble County General Health District 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 \_\_\_\_\_, 20 \_\_\_\_\_.

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

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Date registered \_\_\_\_\_ Registration Number \_\_\_\_\_  
Approved by \_\_\_\_\_ Date \_\_\_\_\_



**PREBLE COUNTY GENERAL HEALTH DISTRICT**

**615 HILLCREST DRIVE**

**EATON, OHIO 45320**

**Phone: (937) 472-0087 Fax: (937) 456-6382**

**PLUMBING CONTRACTORS – EMPLOYEES**

Master Plumber \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Company Telephone \_\_\_\_\_

**EMPLOYEES**

**NAME OF EMPLOYEE**

**OFFICE USE ONLY**

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**OFFICE USE ONLY**

\_\_\_\_\_  
DATE REGISTERED

\_\_\_\_\_  
APPROVED BY