



**Plumbing Contractor Registration Form**

*Application for registration to engage in the plumbing business and install plumbing within the jurisdiction of Licking County Health Department.*

Business Name: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Registration For Plumbing Contractor in Licking County - \$250.00**

\* CERTIFICATE OF INSURANCE IN THE MINIMUM AMOUNT OF \$100,000 FOR INJURY TO PERSONS AND \$100,000 FOR DAMAGE OR INJURY TO PROPERTY ARISING OUT OF ANY NEGLIGENT ACT OF THE INSURED OR ANY AGENT OR EMPLOYEE OF THE INSURED

\*\*COMMERCIAL WORK REQUIRES A CURRENT COPY OF STATE OF OHIO LICENSE WITH ID#

\*\*\*CURRENT INFORMATION HAS TO BE SUBMITTED TO LICKING COUNTY HEALTH DEPARTMENT

Please choose if you are applying for registration as a residential plumbing contractor, commercial plumbing contractor, or both:

- Residential Plumbing Contractor \*
- Commercial Plumbing Contractor \*, \*\*
- Both

*By signing this application, I agree to comply with the rules and regulations of the Licking County Combined General Health District and the State of Ohio governing the installation of plumbing. I have a copy of these rules and regulations and understand the provisions contained therein.*

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LCHD INTERNAL USE ONLY**

Clerk Initials:

Plumbing Inspector Initials:

Date Registration Fee Paid:

Plumbing Inspector Approval Date:

C of I Expiration Date:

Date Processed In HDIS:

Contractor License Expiration Date:

HDIS Assigned Registration #: