



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 or

Responsible Parties Name: _____

Street Address: _____

City/State/Zip Code: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

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 MUST BE SUBMITTED TO LICKING COUNTY HEALTH DEPARTMENT

*****A 50% LATE FEE WILL BE ASSESSED IF YOU BEGIN WORK IN LICKING COUNTY BEFORE YOU ARE REGISTERED.**

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

- Residential Plumbing Contractor *
- Commercial Plumbing Contractor *, **

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 #: