

APPLICATION FOR REGISTRATION TO ENGAGE IN COMMERCIAL PLUMBING BUSINESS AND INSTALL  
PLUMBING WITHIN THE JURISDICTION OF  
WASHINGTON, NOBLE, AND MONROE COUNTIES DEPARTMENT OF HEALTH  
342 MUSKINGUM DRIVE  
MARIETTA, OH 45750  
(740) 374-2782

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

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

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

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Years Experience: \_\_\_\_\_

Backflow Certification Number if this applies: \_\_\_\_\_

Effective April 8, 2011, the Washington County Health Department Board of Health began enforcing regulation which adopts the Ohio Plumbing Code 2007 and Chapter 1.

Therefore, application is hereby made to the Washington County Health Department for commercial plumbing contractor registration. By signing below, I agree to conform with all regulations and existing statutes of the health jurisdiction; follow without change all accompanying plans and specifications as designated by the plumbing inspector; consult with the plumbing inspector regarding changes or adjustments in such plans; and notify the Health Department for inspection before such work has been covered.

REMIT: ANNUAL REGISTRATION FEE OF \$75.00, SIGNED APPLICATION AND A COPY OF YOUR STATE OF OHIO PLUMBING LICENSE BY DECEMBER 31, 2017.

COMMERCIAL PLUMBING REGISTRATION REQUIRES A COPY OF CURRENT STATE LICENSE WITH ID NUMBER.

REGISTRATION BEGINS JANUARY 1, 2018 AND EXPIRES DECEMBER 31, 2018.

Applicant: \_\_\_\_\_  
(Please print legibly)

Applicant: \_\_\_\_\_  
(Signature)

\*\*\*\*\*  
(Office Use Only)

Registration Approved: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Year: \_\_\_\_\_

Receipt Mailed To Applicant By: \_\_\_\_\_ Date: \_\_\_\_\_