

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF
FAIRFIELD DEPARTMENT OF HEALTH
1550 Sheridan Dr. Suite 100
LANCASTER, OH 43130
1-740-652-2813**

Business Name
or Plumbing Installer _____

Contractor's or
Installer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell phone: _____ Pager: _____ Years of Experience: _____

Bond Company: _____ Bond Expires: / / _____

Email: _____ License _____

Effective March 1, 2006, the Fairfield County General Health District Board of Health began enforcing Regulation 45 which adopted the Ohio Plumbing Code, Chapters 4101:3-1 to 4101:3-13 if the Ohio Administrative Code.

Therefore, application is hereby made to the Fairfield County General Health District for residential and/or 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 of changes or adjustments in such plans; and notify the Health Department for inspection before such work has been covered.

REMIT: Annual Registration Fee of \$252.00; signed application; proof of \$20,000 bond.

Commercial plumbing registration requires a copy of current state license with ID#, and entitles you to a 50% reduction in registraton fee
PROVIDE A COPY OF CURRENT STATE LICENSE. THE REDUCED FEE IS \$126.00.

APPLICANT _____
(Please print legibly)

APPLICANT _____ DATE _____
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER _____ YEAR 2019

RECEIPT MAILED TO APPLICANT: BY: _____ DATE _____