

ALLEN COUNTY COMBINED HEALTH DISTRICT
219 E MARKET STREET P.O. BOX 1503, LIMA, OH 45802-1503**
419-228-4457 *** 419-224-4161 FAX**
www.allencountypublichealth.org
APPLICATION FOR REGISTRATION AS A PLUMBING CONTRACTOR

Registration Fee:

Limited _____ \$125.00 or Unlimited _____ \$200.00 State Registration # _____ Exp. Date _____

Plumbing Installer Name: _____

Business Name: _____

Address: _____ **City/State/Zip Code:** _____

Phone: _____ **Email:** _____
(For sending APPROVED plumbing permits)

Federal Tax ID # or S.S. #: _____

UNLIMITED: \$200.00

I the undersigned, herewith make application and registration to "engage" in the business of a "Plumbing Contractor" in the Allen County Combined Health District, and will install, alter or repair plumbing systems in compliance with the Ohio Plumbing Code Chapter 4101: 3-1 to 4104: 2-13 of the Ohio Administrative Code, and the regulations of the Allen County Combined Health District. I further do certify that I have practical knowledge of plumbing; can read and follow plans and specifications for plumbing systems; can demonstrate the ability to supervise and/or engage in the construction, alteration and repair of plumbing systems or parts of plumbing systems.

OR

LIMITED: \$125.00

Installation of:
Residential Water Heaters
Any Water Conditioning Device
Any Irrigation Systems

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Print Applicant Name: _____

Signature of Applicant: _____ **Date:** _____

Please be sure to have ALL of the following when submitting application:

1. _____ An **original** \$10,000.00 Performance Bond
2. _____ Documentation of your business's registration with the Department of Taxation or SS #
3. _____ Documentation of your business's registration with the Bureau of Workers Compensation (unless self-employed)
4. _____ A minimum of \$300,000.00 of General Liability Insurance
5. _____ Documentation of your current State Plumbing License

FOR OFFICIAL USE ONLY

DATE PAYMENT RECEIVED: _____

CHECK #: _____ **CASH:** _____ **CREDIT CARD:** _____ **Receipt #:** _____

REGISTRATION APPROVED BY: _____ **YEAR:** _____

REGISTRATION NUMBER: _____ **DATE PROCESSED:** _____