

APPLICATION FOR MASTER PLUMBER'S REGISTRATION

COLUMBIANA COUNTY GENERAL HEALTH DISTRICT

7360 S.R. 45, P.O. Box 309

LISBON, OHIO 44432-1267

PHONE (330) 424-0272 - FAX (330) 424-1733

I hereby apply for registration to install sanitary plumbing in the Columbiana County General Health District from February 01, 2017 to January 31, 2018.

Business Name \_\_\_\_\_ Applicant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that I am the MASTER for the plumbing business indicated above. I agree to comply with the plumbing regulations of the Columbiana County Health Department.

AN INITIAL FEE OF \$125.00 IS REQUIRED. Thereafter, the renewal fee each year will be \$100.00. (The renewal fee is \$125.00 if the registration is renewed after January 31, 2017).

References (New Applicants Only)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registered Also In

REG. NO. \_\_\_\_\_  
REG. NO. \_\_\_\_\_  
REG. NO. \_\_\_\_\_  
\_\_\_\_\_

APPLICANT SIGNATURE

OFFICE USE ONLY

Registration Approved \_\_\_\_\_ Number \_\_\_\_\_

Disapproved \_\_\_\_\_

Amount Fee Paid \_\_\_\_\_ ; Receipt No. \_\_\_\_\_ ; Date \_\_\_\_\_