

**APPLICATION FOR JOURNEYMAN 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, 2012 to January 31, 2013.

Business Name \_\_\_\_\_ Applicant \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

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

AN INITIAL FEE OF \$25.00 IS REQUIRED. Thereafter, the renewal fee each year will be \$20.00. (The renewal fee will be \$25.00 if the registration is renewed after January 31, 2012).

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 \_\_\_\_\_