

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, 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 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, 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 _____