



# Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432  
**Phone:** 330-424-0272 – **General Fax:** 330-424-1733 – **Nursing Fax:** 330-424-1843  
**Email:** cchd@columbiana-health.org **Web:** www.columbiana-health.org

## APPLICATION FOR JOURNEYMAN PLUMBER’S REGISTRATION

I hereby apply for registration to install sanitary plumbing in the Columbiana County General Health District from February 01, 2020 to January 31, 2021.

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, 2020).

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 \_\_\_\_\_