



Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432
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Email: cchd@columbiana-health.org Web: www.columbiana-health.org

APPLICATION FOR MASTER PLUMBER'S REGISTRATION

I hereby apply for registration to install sanitary plumbing in the Columbiana County General Health District from February 01, 2018 to January 31, 2019.

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, 2018).

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 _____

Our Vision: "A safe community of healthy people"