



Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432
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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, 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 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, 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 _____

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