



# 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 JOURNEYMAN PLUMBER'S REGISTRATION

I hereby apply for registration to install sanitary plumbing in the Columbiana County General Health District from February 01, 2021 to January 31, 2022.

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, 2021).

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"