



# 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 MASTER PLUMBER'S REGISTRATION

I hereby apply for registration to install sanitary plumbing in the Columbiana County General Health District from February 01, 2022 to January 31, 2023.

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, 2021).

**\*\*Per Board regulation, a copy of your State Plumbing License must be submitted with your Master Plumber application or the application will be returned.\*\***

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"