



Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432
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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, 2024 to January 31, 2025.

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, 2024).

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"