



# 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, 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 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, 2024).

**\*\*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"