

ALLEN COUNTY HEALTH
219 E Market St
LIMA, OH 45802
1-419-228-4457 * 1-419-228-4457
www.allencountyhealthdepartment.org

Limited _____ Unlimited _____ State Registration # _____

Business Name
or Plumbing Installer _____

Contractor's or
Installer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

\$150.00

UNLIMITED:

I the undersigned, herewith make application and registration to "engage" in the business of Plumbing Contractor" in the Combined Allen County General Health District, and will install, alter, or repair plumbing systems in compliance with the Ohio Plumbing Code Chapter 4101:3-1 to 4104:2-13 of the Ohio Administrative Code, and the regulations of the Allen County General Health District. I further do certify that I have practical knowledge of plumbing; can read and follow plans and specifications for plumbing systems; can demonstrate the ability to supervise and/or engage in the construction, alteration and repair of plumbing systems or parts of plumbing systems.

\$100.00

LIMITED:

Installation of:

Residential Water Heaters

Any Water Conditioning Devices

Any Irrigation Systems

FOR OFFICIAL USE ONLY

1. An original \$10,000.00 Performance Bond
2. Documentation of your business's registration with the Dept. of Taxation or S.S.#
3. Documentation of your business's registration with the Bureau of Workers Compensation (unless self-employed)
4. A minimum of \$300,000.00 of General Liability Insurance
5. Documentation of your current State Plumbing License

APPLICANT _____
(Please print legibly)

APPLICANT _____ DATE _____
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER _____ YEAR _____

RECEIPT MAILED TO APPLICANT: BY: _____ DATE _____