

**ALLEN COUNTY COMBINED HEALTH DISTRICT**  
**219 E MARKET STREET\*\* P.O. BOX 1503, LIMA, OH 45802-1503**  
**419-228-4457 \*\*\*\*\* 419-224-4161 FAX**  
[www.allencountypublichealth.org](http://www.allencountypublichealth.org)  
**APPLICATION FOR REGISTRATION AS A PLUMBING CONTRACTOR**

**Registration Fee:**

Limited \_\_\_\_\_ \$125.00 or Unlimited \_\_\_\_\_ \$200.00 State Registration # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Plumbing Installer Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(For sending APPROVED plumbing permits)

**Federal Tax ID # or S.S. #:** \_\_\_\_\_

**UNLIMITED: \$200.00**

I the undersigned, herewith make application and registration to "engage" in the business of a "Plumbing Contractor" in the Allen County Combined 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 Combined 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.

**OR**

**LIMITED: \$125.00**

Installation of:  
Residential Water Heaters  
Any Water Conditioning Device  
Any Irrigation Systems

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**Print Applicant Name:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please be sure to have ALL of the following when submitting application:

1. \_\_\_\_\_ An **original** \$10,000.00 Performance Bond
2. \_\_\_\_\_ Documentation of your business's registration with the Department of Taxation or SS #
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

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**FOR OFFICIAL USE ONLY**

**DATE PAYMENT RECEIVED:** \_\_\_\_\_

**CHECK #:** \_\_\_\_\_ **CASH:** \_\_\_\_\_ **CREDIT CARD:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

**REGISTRATION APPROVED BY:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**REGISTRATION NUMBER:** \_\_\_\_\_ **DATE PROCESSED:** \_\_\_\_\_