

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF
PERRY COUNTY HEALTH DEPARTMENT
P.O. Box 230
NEW LEXINGTON, OH 43764
1-740-342-5179**

Business Name
or Plumbing Installer _____

Contractor's or
Installer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell phone: _____ Pager: _____ Years of Experience: 0

Bond Company: _____ Bond Expires: / /

Email: _____ License _____

I/WE HEREBY AGREE TO COMPLY WITH ALL PERRY COUNTY HEALTH DEPARTMENT REGULATIONS OR OHIO
PLUMBING CODE PERTAINING TO THE RESIDENTIAL/COMMERCIAL PLUMBING INSTALLATION.

FEE: \$100.00

PLEASE ENCLOSE PROOF OF A \$20,000.00 SURETY BOND TO THE PERRY COUNTY HEALTH DISTRICT WITH
AN EXPIRATION OF DECEMBER 31,

APPLICANT _____
(Please print legibly)

APPLICANT _____ DATE _____
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER _____ YEAR _____

RECEIPT MAILED TO APPLICANT: BY: _____ DATE _____