



310 S. Main St. · Bellefontaine, OH 43311 PH: 937.592.9040 · FX: 937.592.6746
APPLICATION FOR REGISTRATION OF PLUMBING CONTRACTORS
 (Please mark which registration you are applying for)

_____ **Commercial** Plumbing Contractor (\$100.00)

OR

_____ **Residential** Plumbing Contractor (\$100.00)
 (1, 2, or 3 family dwellings)

_____ **Limited** Plumbing Contractor (\$75.00)

(water treatment equipment installer, water heater installer,
 property/building maintenance person)

PLUMBING BUSINESS NAME: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

A COPY OF THE CURRENT CERTIFICATE OF INSURANCE INDICATING THAT THE BUSINESS HAS \$300,000.00 LIABILITY INSURANCE MUST ACCOMPANY THIS APPLICATION (**attach copy**).

State Plumbing License ID # _____ (**attach copy**) **Backflow Technician** (circle) Yes or No

E-Mail address: (please print) _____

I AM AN AUTHORIZED REPRESENTATIVE OF THE PLUMBING INSTALLATION BUSINESS LISTED ABOVE. I AGREE TO COMPLY WITH LOGAN COUNTY REGULATION NO. 46 AND UNDERSTAND THE PROVISIONS CONTAINED THEREIN.

Applicant (Signature) _____ **Date** _____

OFFICE USE ONLY			
PROOF OF \$300,000 LIABILITY INSURANCE (circle)	YES	or	NO
APPROVED _____	DISAPPROVED _____	by _____	on _____ (date)
effective until _____ (date)			
\$100.00 FEE PAID _____	\$75.00 FEE PAID (Limited Plumbing Contractor only) _____	Receipt # _____	

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