



Logan County Health District

310 S. Main St. Bellefontaine, Oh 43311

Ph:937-592-9040 Fax:937-592-6746

Email:lchd@loganhealth.org

www.loganhealth.org

APPLICATION FOR REGISTRATION OF PLUMBING CONTRACTORS

(Please mark which registration you are applying for)

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

OR

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

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

(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 # _____