

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF
MORROW COUNTY HEALTH DEPARTMENT**

**619 W. MARION RD
MT. GILEAD, OH 43338
1-419-947-1545**

Business Name or Plumbing Installer _____

Contractor's or Installer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____ Years of Experience: _____

Bond Company: _____ Bond Expires: _____

Email: _____ License: _____

Please verify that all information is correct and change as needed.

A fee of \$100.00, an original 10,000 Morrow County surety bond and a current State of Ohio Registration Card must accompany this application.

A late fee of \$100.00 will be charged for any commercial plumbing construction in Morrow County without a valid registration. This does not include any late fees associated with commercial plumbing construction without a valid permit.

My signature signifies that I am familiar with the plumbing regulations as duly adopted by the Morrow County Board of Health and hereby agree to abide by these regulations.

Applications and other forms are available online. Please visit our website at: morrowcountyhealth.org

APPLICANT'S NAME: _____
(Please print legibly)

APPLICANT'S SIGNATURE: _____ DATE: _____

(Office Use Only)

RECEIVED Fee \$10,000 Surety Bond Copy of Current State of Ohio Registration Card

REGISTRATION APPROVED _____ DATE: _____

REGISTRATION NUMBER _____ REGISTRATION YEAR _____