

# PLUMBING CONTRACTOR REGISTRATION ERIE COUNTY GENERAL HEALTH DISTRICT

420 Superior Street  
Sandusky, Ohio 44870  
Phone: 419-626-5623 Ext. 209  
Fax: 419-624-3358  
[plumbing@eriecohealthohio.org](mailto:plumbing@eriecohealthohio.org)

Plumbing Contractor: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

State Plumbing License ID# \_\_\_\_\_ Backflow Tester License ID# \_\_\_\_\_

Other Related State Licenses: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

A license/permit bond in the amount of \$20,000.00 must be submitted with this application to register as a person engaged or intending to engage in the plumbing business. The license/permit bond must: state the name of the company • list the Erie County Combined General Health District as obligee • shall be on bonding company's standard form • must be valid through December 31<sup>st</sup> of the year that plumbing contractor registered for.

I have reviewed a current copy of the Erie County Combined General Health District Plumbing Regulations effective September 1, 2006 and agree to comply with them.

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Signature of Applicant

Application Date

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(Office Use Only)

Registration Approved By: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount Paid: **\$ 100.00**

Check Number: \_\_\_\_\_ Receipt Mailed to Applicant By: \_\_\_\_\_ Date: \_\_\_\_\_

06/18/2015