

# PLUMBING CONTRACTOR REGISTRATION

## ERIE COUNTY HEALTH DEPARTMENT

420 Superior Street

Sandusky, Ohio 44870

Phone: 419-626-5623 Ext. 206

Fax: 419-624-3358

[plumbing@eriecohealthohio.org](mailto:plumbing@eriecohealthohio.org)

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

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

E-Mail Address: \_\_\_\_\_

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

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

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 as obligee the Erie County Combined General Health District, and must be valid through December 31<sup>st</sup> of the appropriate year.

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

---

Signature of Applicant

Application Date

---

(Office Use Only)

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

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

