

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING  
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF  
FAIRFIELD COUNTY HEALTH DEPARTMENT  
1550 Sheridan Dr. Suite 100  
LANCASTER, OH 43130  
-740-652-2800**

Business Name  
or Plumbing Installer \_\_\_\_\_

Contractor's or  
Installer's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Years of Experience: 0

Bond Company: \_\_\_\_\_ Bond Expires:  / /

Email: \_\_\_\_\_ License \_\_\_\_\_

Effective March 1, 2006, the Fairfield County General Health District Board of Health began enforcing Regulation 45 which adopted the Ohio Plumbing Code, Chapters 4101:3-1 to 4101:3-13 if the Ohio Administrative Code.

Therefore, application is hereby made to the Fairfield County General Health District for residential and/or commercial plumbing contractor registration. By signing below I agree to: conform with all regulations and existing statutes of the health jurisdiction; follow, without change, all accompanying plans and specifications as designated by the plumbing inspector; consult with the plumbing inspector of changes or adjustments in such plans; and notify the Health Department for inspection before such work has been covered.

REMIT: Annual Registration Fee of \$252.00; signed application; proof of \$20,000 bond.

\*\*Commercial plumbing registration requires a copy of current state license with ID#, and entitles you to a reduced fee of \$150.00.

APPLICANT \_\_\_\_\_  
(Please print legibly)

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_  
(SIGNATURE)

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(Office Use Only)

REGISTRATION APPROVED \_\_\_\_\_

REGISTRATION NUMBER 0 YEAR 2024

RECEIPT MAILED TO APPLICANT: BY: \_\_\_\_\_ DATE \_\_\_\_\_