

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF
MORROW COUNTY HEALTH DISTRICT
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: _____ Pager: _____ 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 \$10,000.00 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:
www.morrowcountyhealth.org

APPLICANT _____
(Please print legibly)

APPLICANT _____ DATE _____
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER _____ YEAR 2020

RECEIPT MAILED TO APPLICANT: BY: _____ DATE _____