

WARREN COUNTY HEALTH DISTRICT

416 South East Street
Lebanon, Ohio 45036
(513) 695-1476

FOR OFFICE USE ONLY NEW REG. NO. _____ Date _____ Receipt # _____
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REGISTRATION APPLICATION FOR PLUMBING

I _____ residing at _____
(please print legibly)

_____ hereby apply for registration as a
Plumbing _____ in the Warren County Health District.
(Contractor or Installer)

PLEASE NOTE: ONE CONTRACTOR PER COMPANY IS MANDATORY

BUSINESS NAME AND ADDRESS _____

PHONE NUMBER (____)____-_____

NUMBER OF YEARS EXPERIENCE _____

I agree to comply with the rules and regulations of the Warren County Health District Board of Health governing the installation of plumbing. I have a copy of these rules and regulations and understand the provisions contained therein.

Date: _____

(Signature of Applicant)

Due to the Warren County Health District's policy, we must insist upon safe and adequate access and that all jobs be clearly marked with address.

REGISTRATION EXPIRES DECEMBER 31st OF EACH YEAR

CONTRACTOR'S REGISTRATION FEE-\$75.00

INSTALLER'S REGISTRATION FEE-\$40.00

This form may be photo copied if needed.