

WARREN COUNTY HEALTH DISTRICT
416 South East Street
Lebanon, Ohio 45036
(513) 695-1476

FOR OFFICE USE ONLY CONTRACTOR NEW REG. NO. _____ Date _____ Receipt # _____

REGISTRATION APPLICATION FOR PLUMBING

I _____ hereby apply for registration as a Plumbing
(Please print legibly)

CONTRACTOR in the Warren County Health District.

*** 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 and Ohio Administrative Code Chapter 4101:3 governing the installation of plumbing. I have a copy of these rules and regulations and understand the provisions contained therein.

Date: _____
_____ (Signature of Applicant)

INSTALLERS REGISTRATION: (**\$40.00 fee for each installer**) (please print legibly, 1 name per line)

NAME: _____	NAME: _____
NAME: _____	NAME: _____
NAME: _____	NAME: _____
NAME: _____	NAME: _____
NAME: _____	NAME: _____

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

REGISTRATION EXPIRES DECEMBER 31st OF EACH YEAR

CONTRACTOR'S REGISTRATION FEE-\$75.00

INSTALLER'S REGISTRATION FEE-\$40.00