



310 S. Main St. • Bellefontaine, OH 43311
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APPLICATION FOR REGISTRATION OF PLUMBING CONTRACTORS
(Please mark which registration you are applying for)

_____ Commercial Plumbing Registration (\$75.00)

_____ **Limited** Plumbing Installer (\$50.00)
(water treatment and appliances)

_____ Residential Plumbing Registration (\$75.00)
(1, 2, or 3 family dwellings)

PLUMBING BUSINESS NAME: _____

Business Address: _____

(City) _____ (State) _____ (Zip) _____

Phone _____ Cell _____ Fax _____

A VALID CERTIFICATE OF INSURANCE ISSUED TO THE LOGAN COUNTY HEALTH DISTRICT INDICATING THAT THE BUSINESS HAS \$300,000.00 LIABILITY INSURANCE MUST ACCOMPANY THIS APPLICATION. (**attach copy**)

State Plumbing License ID # _____ (**attach copy**) Backflow Technician Yes or No

E-Mail address: (please print) _____

I AM AN AUTHORIZED REPRESENTATIVE OF THE PLUMBING INSTALLATION BUSINESS LISTED ABOVE. I AGREE TO COMPLY WITH LOGAN COUNTY REGULATION NO. 46 AND UNDERSTAND THE PROVISIONS CONTAINED THERE IN.

Applicant(Signature) _____ **DATE** _____

OFFICE USE ONLY

Revised 3/2009

I.D. # _____ (Assigned by Health Dept.)

APPROVED by _____ on _____ (date) effective until _____ (date)

PROOF OF \$300,000 LIABILITY INSURANCE (circle) YES NO

\$75.00 FEE PAID _____ **\$50.00 FEE PAID** (Limited Installation only) _____ Receipt # _____

Visit us on the web at www.co.logan.oh.us/healthdepartment