



**ASHTABULA COUNTY HEALTH DEPARTMENT**  
12 West Jefferson Street  
Jefferson, OH 44047  
(440) 576-6010 Option 3

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING BUSINESS  
IN THE ASHTABULA COUNTY COMBINED HEALTH DISTRICT**  
(Registration expires December 31st of each year. Registration fee is \$ 100.00 annually.)

**Business Name or  
Plumbing Installer:** \_\_\_\_\_

**Contractor's or  
Installer's Address:** \_\_\_\_\_  
Street Address City State Zip

**BUSINESS PHONE NUMBER:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**STATE LICENSE NUMBER:** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

I agree to comply with all sections of the Ohio Plumbing Code (Chapter 4101:2-51 Ohio Administrative Code), as adopted by incorporation by reference by the Board of Health of the Ashtabula County Combined Health District, Ashtabula County, Ohio (effective October 2, 1967), and acknowledge that my name may be removed from the register for violation of any sections of the code.

Please make sure to **submit a copy of your State Of Ohio Plumbing Contractor's License**; should you also have an Ohio State Backflow Tester License please include so you will be added to our Water Purveyors Testers List.

**State of Ohio Tester  
Backflow Certification: # OH** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
DATE: _____
REGISTRATION NO.: _____
RECEIPT NO.: _____
CHECK NO.: _____
AMOUNT PAID: _____

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

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

**\*100.00 Annual fee must accompany signed application  
along with a copy of your current State of Ohio license.**

**MAKE CHECKS PAYABLE TO: ASHTABULA  
COUNTY HEALTH DEPARTMENT OR ACHD**