Ashtabula County Health Department
12 West Jefferson Jefferson, Ohio 44047
Tel: 440-576-6010 Option: 3 Fax: 440-576-0085

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 $ 150.00 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:** _____

FOR OFFICE USE ONLY

DATE: _____

REGISTRATION NO.: _____

RECEIPT NO.: _____

CHECK NO.: _____

AMOUNT PAID: _____

Signature: _____

Print Name: _____

Home Address: _____

_____

Email: _____

***150.00 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

Revised 06/01/2023