



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:	reet Address		~ :	
Str	reet Address	City	State	Zip
BUSINESS PHONE NUMBER:		Cell Phone:		
STATE LICENSE NUMBER:	EXPIRATION DATE			
I agree to comply with all sections Code), as adopted by incorporati Combined Health District, Ashtabuname may be removed from the regular Please make sure to submit a copy also have an Ohio State Backflow Purveyors Testers List. State of Ohio Tester Backflow Certification: # OH	ion by reference by ula County, Ohio (ef gister for violation o v of your State Of C Tester License pleas	y the Board of Heaffective October 2, 19 f any sections of the Dhio Plumbing Cont e include so you will	alth of the Asht 167), and acknow code. cractor's License be added to our	abula County rledge that my e; should you Water
FOR OFFICE USE ONLY	Print Name:			
DATE:		ss:		
REGISTRATION NO.:				
RECEIPT NO.:	_			
CHECK NO.:	Email:			
AMOUNT PAID:	"150.00 Ani	nual fee must acco		

MAKE CHECKS PAYABLE TO: ASHTABULA COUNTY HEALTH DEPARTMENT OR ACHD