

WARREN COUNTY COMBINED HEALTH DISTRICT

416 South East Street
Lebanon, Ohio 45036
(513) 695-1476

FOR OFFICE USE ONLY

NEW REG. NO.

REGISTRATION APPLICATION FOR PLUMBING

I _____ residing at _____

(Please print legibly)

_____ hereby apply for registration as a

Plumbing _____ in the Warren County Combined Health District.

(Contractor or Installer)

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 Combined Health District Board of Health governing the installation of plumbing. I have a copy of these rules and regulations and understand the provisions contained therein.

Date _____

(Signature of Applicant)

REGISTRATION EXPIRES DECEMBER 31st OF EACH YEAR

CONTRACTOR'S REGISTRATION FEE-\$50.00

INSTALLER'S REGISTRATION FEE-\$25.00

This form may be photo copied if needed.