



“Helping to maintain a healthy community”

Robert K. Weisdack, R.S., M.A., M.P.H.
Health Commissioner

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF
GEAUGA COUNTY HEALTH DISTRICT**

Business Name or
Plumbing Installer : _____

Contractor's or
Installer's Name : _____

Street Address : _____

Phone : _____ Cell Phone : _____ Pager : _____

Registration expires January 31st of each year. Registration fee is \$ 200.00 annually. ALL RED TAG FEES MUST BE PAID BEFORE REGISTRATION IS APPROVED.

I/We do hereby make application for a certificate of registration to engage in the business of plumbing within the limits of the Geauga County Health District, in accordance with the requirements of Section 40 thru 40.8.1 of the Geauga County Health District Regulations. Work is to be performed under Section 4101.2-51 of the Ohio Basic Building Code governing the installation, maintenance, testing, and inspection of plumbing.

The application for registration must be completed and returned to us with payment.

Applicant : _____
(Please Print Legibly)

Applicant : _____ Date: _____
(Signature)

(Office Use Only)

Registration Approved : _____

Registration Number : _____ Year : _____

Receipt Mailed to Applicant By : _____ Date: _____