

**SIDNEY-SHELBY COUNTY  
HEALTH DEPARTMENT**

**APPLICATION FOR 2020 PLUMBING CONTRACTOR REGISTRATION**

NAME OF BUSINESS \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

\*\* PLUMBING CONTRACTOR LICENSE # and/or  
\*\*\*CERTIFIED BACKFLOW TESTER CERTIFICATE#

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

FAX and/or EMAIL \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**\*\*STATE CONTRACTOR LICENSE # REQUIRED FOR ALL COMMERCIAL PERMITS**

**\*\*\*PLEASE SPECIFY IF YOU ARE A CERTIFIED BACKFLOW TESTER AND SUPPLY CERTIFICATE**

**REGISTRATION FEE:**

1 – 5 Plumbers = \$175.00

More than 5 Plumbers = \$250.00

**TOTAL AMOUNT PAID \$ \_\_\_\_\_**

***\*\*\*This application must be accompanied by an original bond in the amount of \$10,000.00 (no photocopies or faxes will be accepted) AND copies of your Certified Backflow Tester Certificate and/or Plumbing Contractor License. No new permits or inspections will be provided until you are registered.***



Return application to: Sidney-Shelby County Health Department  
202 W. Poplar St., Sidney, OH 45365

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

TOTAL PAID: \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_

DATE PAID: \_\_\_\_\_ APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

DATE \_\_\_\_\_