

**SIDNEY-SHELBY COUNTY
HEALTH DEPARTMENT**

APPLICATION FOR 2017 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**

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 _____