

**SIDNEY-SHELBY COUNTY  
HEALTH DEPARTMENT**

**APPLICATION FOR 2023 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 = \$250.00  
More than 5 Plumbers = \$300.00

**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