

**SIDNEY-SHELBY COUNTY
HEALTH DEPARTMENT**

APPLICATION FOR 2025 PLUMBING CONTRACTOR REGISTRATION

NAME OF BUSINESS _____

NAME OF OWNER _____ **** STATE PLUMBING CONTRACTOR LICENSE #
and/or ***STATE CERTIFIED BACKFLOW TESTER LICENSE#**

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 STATE 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 (if new) in the amount of \$10,000.00 (photocopies or faxes will be accepted for continuation bonds) AND copies of your State Certified Backflow Tester Certificate and/or State Plumbing Contractor License Certificate. No new permits or inspections will be provided until you are registered for 2025.***



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 _____