

**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 _____