



**CARROLL COUNTY  
GENERAL HEALTH DISTRICT**  
Healthy People — Safe Communities

**2024 APPLICATION FOR PLUMBING CONTRACTOR REGISTRATION  
CARROLL COUNTY HEALTH DEPARTMENT  
FEE: \$70.00**

**NAME OF APPLICANT:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**NAME of BUSINESS:** \_\_\_\_\_

**ADDRESS of BUSINESS:** \_\_\_\_\_

**BUSINESS TELEPHONE:** \_\_\_\_\_ **HOME TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Other cities or counties where you are currently a licensed plumbing contractor. (You must provide copies of the appropriate documents to verify your statement.):

\_\_\_\_\_  
\_\_\_\_\_

I hereby apply to be registered as a plumbing contractor in Carroll County, Ohio. I authorize any person, apprenticeship committee, partnership, corporation, business entity, school, labor union, political subdivision, and any agency thereof, to provide to the Carroll County General Health District any records, documents or other information which it deems necessary to verify the information I have provided to the Carroll County General Health District.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

Subscribed and duly sworn to before me according to law, by the above-named applicant this \_\_\_\_\_ day

Of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_.

**SIGNATURE OF NOTARY** \_\_\_\_\_ **MY COMMISSION EXPIRES:** \_\_\_\_\_

**HEALTH COMMISSIONER ACTION**

Registration Approved \_\_\_\_\_ Date \_\_\_\_\_ Signature/Authorized Person \_\_\_\_\_

Registration Number \_\_\_\_\_ Fee Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_