

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF
THE HOCKING COUNTY HEALTH DEPARTMENT**

**350 ST RT 664 North • Logan, Ohio 43138
PH: (740) 385-3030 • Fax: (740) 385-2252**

Business Name: _____

**Contractor's or
Installer's name** _____

Street Address: _____

City, State, Zip: _____

Phone: _____ **Cell:** _____ **Fax:** _____

Bond Company: _____ **Bond Expires:** _____

Email Address: _____ **State License #** _____

I/We hereby agree to comply with all Hocking County Health Department regulations and the Ohio Plumbing Code pertaining to residential/commercial plumbing.

**Contractor's or
Installer's Signature:** _____ **Date:** _____

Please check your classification(s) and return with required fee(s):

____ Plumbing Contractor	\$125.00	____ Water Conditioner Installer	\$50.00
____ Journeyman Plumber	\$75.00	____ Backflow Technician	\$50.00
____ Apprentice Plumber	\$35.00		

Plumbing Contractors must include \$20,000 bond, proof of general liability insurance, and copy of current state of Ohio Contractor's License.

Water Conditioner Installers must include \$20,000 bond and proof of general liability insurance.

Backflow Technicians must include current State of Ohio Backflow Tester Certification and current calibration of test equipment.

Bond must state type of work covered (plumbing, water conditioner, etc.) name the Hocking County Health Department as the obligee, and expire on December 31.

Office Use Only

Registration approved by: _____ **Date:** _____

Registration #: _____ **Year:** _____

Receipt mailed by: _____ **Date:** _____