

Date Licensed: \_\_\_\_\_ Receipt # \_\_\_\_\_ PL \_\_\_\_\_

# PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT



Portage County Administration Building  
449 South Meridian, 3rd Floor  
Ravenna, Ohio 44266

Phone: Area Code 330-296-9919

Fax: Area Code 330-297-3597

E-mail: pchd@portageco.com

**DuWayne O. Porter, M.P.H., R.S.**  
Health Commissioner

Registration Period: April 1, 2012 to June 30, 2013

## NEW PLUMBER'S APPLICATION FOR REGISTRATION

1. Firm Name \_\_\_\_\_ Phone Number \_\_\_\_\_
2. Complete Mailing Address \_\_\_\_\_  
Fax # \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Cellular Phone # \_\_\_\_\_ Website: \_\_\_\_\_
3. Legal Form of Organization: Individual? \_\_\_\_\_ Partnership? \_\_\_\_\_
4. Business Established \_\_\_\_\_
5. Registered Plumber's Name: \_\_\_\_\_
6. Your Experience: \_\_\_\_\_
7. Number of Years Apprentice \_\_\_\_\_ Journeyman \_\_\_\_\_ Master \_\_\_\_\_
8. Do you employ one or more mechanics constantly? \_\_\_\_\_
9. Do you hold a Plumber's License? \_\_\_\_\_ If so, where? \_\_\_\_\_  
State Plumber's License Number \_\_\_\_\_ (Please include a copy of state license)
10. Have you ever had a warrant served on you as a result of affidavit filed by an inspector of the Portage County Health Department? \_\_\_\_\_  
If so, give details: \_\_\_\_\_

I further subscribe that, if registered, I will abide by the plumbing provisions set forth in the Ohio Building Code and that I will assist to the best of my ability in its enforcement in such buildings as are designated therein.

I hereby certify that the information contained in the foregoing application is correct to the best of my knowledge.

\_\_\_\_\_  
**Applicant's Name**

**SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ YEAR.**

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
**MY COMMISSION EXPIRES**