

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

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

Portage County Administration Building
449 South Meridian, 3rd Floor
Ravenna, OH 44266
Phone: 330-296-9919
Fax: 330-297-3597

E-Mail: pchd@portageco.com

Registration Period: April 1, 2011 to June 30, 2012
NEW PLUMBER'S APPLICATION FOR REGISTRATION

1. Firm Name _____ Phone Number _____

2. Complete Mailing Address _____

Fax # _____ E-Mail Address _____

Cellular Phone # _____ Pager # _____

3. Legal Form of Organization: Individual? _____ Partnership? _____

4. Business Established _____

5. Registered Plumber's Name: _____ Website: _____

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