



CLERMONT COUNTY GENERAL HEALTH DISTRICT

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Application for Plumbing Registration

Company Name: _____

Company Address: _____

City State Zip

Company Phone #: () - Fax#: () -

Cell Phone #: () -

Name of Owner: _____

Registering for (check all that apply): [] Residential [] Commercial*

*If registering for commercial plumbing a state plumbing license must be provided.

I hereby certify that I am the owner or authorized representative of the plumbing company to be registered for the current year. All registrations expire on December 31, of each year. Fee Due: \$50.00

Date

Signature

For Office Use Only

Date Issued

License#