

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING  
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF  
JEFFERSON COUNTY GENERAL HEALTH DISTRICT  
500 Market Street, Suite B  
STEUBENVILLE, OH 43952  
1-740-283-8535**

Business Name  
or Plumbing Installer \_\_\_\_\_

Contractor's or  
Installer's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Years of Experience: 0

Bond Company: \_\_\_\_\_ Bond Expires:  / /

Email: \_\_\_\_\_

I agree to comply with all regulations of the Board of Health of the Jefferson County General Health District Regulation 800--Jefferson County Health Department Plumbing Code.

I also agree to comply with Regulation 800.03--Registration, Bonding and acknowledge that my registration may be suspended or revoked for violation of any provisions of Regulation 800 of the Jefferson County General Health District.

THE ANNUAL FEE FOR MASTER PLUMBER LICENSE IS \$250.00 EACH AND JOURNEYMAN LICENSE IS \$150.00 EACH.

SUCH REGISTRATION SHALL REMAIN VALID UNTIL FEBRUARY 28 OF EACH YEAR OR ONLY SO LONG AS THE WORK PERFORMED IS SATISFACTORY TO THE HEALTH COMMISSIONER.

"NO PERSONAL CHECKS ACCEPTED ONLY BUSINESS CHECKS, CASH , MONEY ORDERS"

APPLICANT \_\_\_\_\_  
(Please print legibly)

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED \_\_\_\_\_

REGISTRATION NUMBER \_\_\_\_\_ YEAR \_\_\_\_\_

RECEIPT MAILED TO APPLICANT: BY: \_\_\_\_\_ DATE \_\_\_\_\_