

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

705 Oakwood Street
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Joseph J. Diorio, MPH, MS, RS
Health Commissioner

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PLUMBING CONTRACTOR APPLICATION FOR RENEWAL

Please make corrections as necessary

Registration Period: July 1, 2017 to June 30, 2018

Licensed Plumbing Contractor Name _____

Ohio Contractor's License Number _____ Expiration Date _____

Certificate of Insurance Date Issued _____ Expiration Date _____

(If the insurance date is not expired, we will use the certificate of insurance that we have on file. If this date is expired, please supply our office with a new certificate of insurance.)

Business Name _____

Complete Mailing Address _____

Business Phone: _____ Fax: _____ Email: _____

Website: _____

I subscribe that, if registered, I will abide by the plumbing provisions set forth in the Ohio Building Code and the Ohio Plumbing 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.

Licensed Plumbing Contractor Name (print)

Signature

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

below is for office use only

Date Paid _____ Receipt # _____ Check/Cash _____

Registration # _____ Date Registered _____ Registration Approval _____