

# PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT



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**Joseph J. Diorio, MPH, MS, RS**  
Health Commissioner

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## NEW PLUMBING CONTRACTOR APPLICATION FOR REGISTRATION

**Registration Period: July 1, 2020 to June 30, 2021**

Licensed Plumbing Contractor Name \_\_\_\_\_

Ohio Contractor's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate of Insurance Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

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 \_\_\_\_\_