2024 Plumbing Contractor/Service Provider Registration Application
to perform installations as a plumbing business within the jurisdiction of Richland County
Application can be e-mailed to: envhealth@richlandhealth.org
Please clearly print.

Richland County Registration
(Only need to pay registration if conducting work in Richland County) $100.00________________

Richland Public Health contracts and has jurisdiction for commercial plumbing permits and inspections within:

____Crawford     _____Huron     _____Knox     _____Morrow  _____Wyandot

Please mark above any county in which your company will be working.
If working in HURON or MORROW (only) your business will need to contact their Health Department to register.

Business Name: __________________________________________________________________________
Address: ___________________________________ City: _________________ State: _____ Zip: _______
Telephone: (______)________-______________ Cell Phone: (______)________-______________
Email: __________________________________________________________________________________
Business Owner: __________________________________________________________________________

Maximum of three (3) names of person(s) authorized to sign permits for your business:

(1) __________________________ (2) __________________________ (3) __________________________

I agree to comply with the Chapter 100 Plumbing Regulations of Richland Public Health and the Ohio Plumbing Code, and acknowledge that my registration as a plumber may be suspended or revoked for violation of these rules and regulations. All plumbers/plumbing companies must supply a copy of their state OCILB license number and the holder of the state license for their business to register with our department and pull any permits.

Applicant (OCILB License) Name: __________________________________________ License #: __________

(Please Print)
Signature: __________________________________________ Date: __________________

REGISTRATIONS ARE DUE BY DECEMBER 31, 2024 OR A LATE REGISTRATION FEE WILL BE CHARGED

********************************************************************************** (Office Use ONLY!) **********************************************************************************

Date:________________________ Receipt #: __________

Updated 11/20/2023