



**Environmental Health Division**  
 Plumbing Department  
 555 Lexington Avenue  
 Mansfield, OH 44907  
 (419) 774-4520  
 (419) 774-0845 Fax

**2025 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](mailto:envhealth@richlandhealth.org)

Please clearly print.

<p align="center"><b>Richland County Registration</b> _____          (Only need to pay registration if conducting work in Richland County)</p>	<p align="center"><b>\$100.00</b> _____</p>
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**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 #:** \_\_\_\_\_