

PLUMBING CONTRACTOR REGISTRATION ERIE COUNTY GENERAL HEALTH DISTRICT

420 Superior Street
Sandusky, Ohio 44870
Phone: 419-626-5623 Ext. 5209
Fax: 419-624-3358
cgallagher@echdohio.org

Plumbing Contractor: _____

Business Address: _____

E-mail Address: _____

Name of Applicant: _____

Address: _____

State Plumbing License ID# _____ Backflow Tester License ID# _____

Other Related State Licenses: _____

Years of Experience: _____

Phone: _____ Cell: _____ Fax: _____

A license/permit bond in the amount of \$20,000.00 must be submitted with this application to register as a person engaged or intending to engage in the plumbing business. The license/permit bond must: state the name of the company • list the Erie County Combined General Health District as obligee • shall be on bonding company's standard form • must be valid through December 31st of the year that plumbing contractor registered for.

I have reviewed a current copy of the Erie County Combined General Health District Plumbing Regulations effective September 1, 2006 and agree to comply with them.

Signature of Applicant

Application Date

(Office Use Only)

Registration Approved By: _____ Date of Approval: _____

Registration Number: _____ Expiration Date: _____ Amount Paid: **\$ 100.00**

Check Number: _____ Receipt Mailed to Applicant By: _____ Date: _____

06/03/2026