

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING  
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF  
CLINTON COUNTY HEALTH DISTRICT  
111 S Nelson Ave Suite 1  
WILMINGTON, OH 45177  
-937-382-3829**

Business Name  
or Plumbing Installer \_\_\_\_\_

Contractor's or  
Installer's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Email: \_\_\_\_\_ License \_\_\_\_\_

**2026 Plumber Registration**

Registering for (check all that apply): \_\_\_\_\_ Residential \_\_\_\_\_ Commercial\*  
\*If registering for commercial, a State of Ohio Plumbing License must be provided.

REGISTRATION FEE IS \$100.00 Registration expires December 31.

Free online access to the 2024 Ohio Plumbing Code are available on the International Code Council (ICC) Ohio eCode Bookshelf: <https://codes.iccsafe.org/codes/ohio> or another option is, Ohio Plumbing Code/Ohio Administrative Code 4101:3 can be viewed at: <https://codes.ohio.gov/ohio-administrative-code/4101:3>

I agree to comply with the rules and regulations of the Clinton County Health District Board of Health and Ohio Administrative Code Chapter 4101:3 governing the installation of plumbing. I have a copy of these rules and regulations and understand the provisions contained therein.

APPLICANT \_\_\_\_\_  
(Please print legibly)

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED \_\_\_\_\_

REGISTRATION NUMBER \_\_\_\_\_ YEAR 2026

RECEIPT MAILED TO APPLICANT: BY: \_\_\_\_\_ DATE \_\_\_\_\_