2027 APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF THE DELAWARE PUBLIC HEALTH DISTRICT

470 S. Sandusky Street, Delaware, OH 43015
Phone: (740) 368-1700 Email: EH@delawarehealth.org

INSTRUCTIONS

The Delaware Public Health District is now accepting 2027 Registration applications.The instructions below outline the items needed to complete the registration process. Once all documents are completed, you may bring the items to our office or return via mail per the address listed at the top of this application, or email EH@delawarehealth.org.

1. Complete application form. Applicant's signature and date are required.
2. Surety Bond for a minimum of $5,000.00. Note - If not using DPHD form, bond continuation from insurer can be accepted if dates of coverage include expiration.
3. Certificate of Insurance (proof of liability insurance) for a minimum of $250,000.00. Form must list Delaware Public Health District as the certificate holder along with the address of 470 S. Sandusky St. Delaware, OH 43015 and renewals must be on file before inspection services are received and must match the applicant listed.
4. Current copy of State of Ohio Plumbing License, as per House Bill 487.
5. $200.00 Registration fee due at time of application submittal. Check payments should be made payable to Delaware Public Health District. Online payments can be made at delawarehealth.org.

COMPANY INFORMATION

PLEASE PRINT

NAME OF COMPANY **STATE OF OHIO PLUMBING LICENSE#** **OWNER/CONTACT**

MAILING ADDRESS

CITY **STATE** **ZIP**

BUSINESS PHONE **CELL PHONE** **FAX #**

APPLICANT'S SIGNATURE **DATE** **E-MAIL ADDRESS**
(all correspondence including permits will be sent to this email)

☐ **MEDICAL GAS CERTIFIED (ASSE) 6010**

☐ **BACKFLOW CERTIFIER**

FOR OFFICE USE ONLY

*Registration #:*_____ *Date Received:*_____

*Receipt #:*_____ *Date of Receipt:*_____

Reviewed by/Date: _____ *Receipted by:*_____