

PLUMBING REGISTRATION CHECKLIST

*****In order to be registered with HANCOCK PUBLIC HEALTH as a plumber, our office must have the following checklist of items completed/submitted:**

PLUMBING CONTRACTOR CHECKLIST:

- COMPLETED/SIGNED APPLICATION
- CORRECT FEE \$125.00
- COPY OF STATE CERTIFICATE(S)
- ALL COMPANIES MUST HAVE A BOND THAT IS GOOD FROM JUNE 1, 2019 – DECEMBER 31, 2019**
- PROOF OF LIABILITY INSURANCE

PLUMBING PHONE NUMBER: 419-424-7870

Monday Hours: 9:00a.m.--4:30p.m.
Tuesday—Friday Hours: 8:00a.m.--4:30p.m.



Hancock Public Health

7748 County Rd. 140
 Findlay, Ohio 45840
 Phone: 419-424-7870
 Fax: 419-424-7872

APPLICATION FOR PLUMBING REGISTRATION

Please fill out all sections to the best of your current knowledge

Business Name:			
Applicant:			
Address:	City	State	Zip Code
Phone:		Cell Phone:	
Fax:			
E-mail:			

Plumbing Contractor State Certificate Registration # _____

I agree to comply with the provisions set forth in *Chapter 4101:2-51 and 3745-95 Ohio Administrative Code, 3703.03 and 6109.13 Ohio Revised Code, and City of Findlay Water Regulations, Section VIII*, and that I will assist to the best of my ability in its enforcement in such buildings as are designated therein. I hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge.

Applicant Signature _____ Date _____
 (Owner/Agent)

OFFICE USE ONLY BELOW

PRIOR TO ISSUING REGISTRATION OUR OFFICE MUST HAVE THE FOLLOWING:

- Bond Certificate of Liability State Certificate

Amount Paid _____ Check Number (If Applicable) _____

APPLICATION FOR REGISTRATION

HANCOCK PUBLIC HEALTH

The undersigned hereby makes application to be registered as:

Installer, Apprentice, and/or Journeyman

PLEASE PRINT

Business Name: _____

1. Name of applicant

Apprentice Journeyman Installer

State Certificate # _____

2. Name of applicant

Apprentice Journeyman Installer

State Certificate # _____

3. Name of applicant

Apprentice Journeyman Installer

State Certificate # _____

4. Name of applicant

Apprentice Journeyman Installer

State Certificate # _____

INSTRUCTIONS FOR PREPARATION

1. If principal is a business firm, indicate where principal signs whether business is a corporation, partnership or individual.
2. Seal of surety should be impressed on bond.
3. Attach Power of Attorney for Surety Agent.

Plumbing Installations or Alteration Bond

KNOW ALL MEN BY THESE PRESENTS, THAT WE _____

_____ as Principal, and _____ as Surety, are held and firmly bound unto the Hancock County Combined General Health District Board of Health of the Hancock Public Health District, in the penal sum of Ten Thousand Dollars (\$10,000) lawful money of the United States, for the payment of which will well and truly be made, we bind ourselves, our heirs, executors and administrators jointly and severally, firmly by these presents.

Sealed with our seals, this _____ day of _____ A.D. 20 _____.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH: That, whereas, the above bound _____ did on the _____ day of _____, 20 _____ obtain from the Board of Health of said Board of Health, a certificate of Registration to install or alter plumbing within and for said Board of Health in said Hancock Public Health District.

NOW, THEREFORE, if the said _____ shall at all times and in all respects, carefully and truly observe the **plumbing regulations** which have been or shall here-after be established by the Board of Health of said Board of Health, and/or provisions duly established by regulations which have been or which shall hereafter be passed by the Board of Health of the Hancock Public Health District respecting construction and alteration of **all plumbing systems** in said Hancock Public Health District and the conditions of said **registration**, and shall indemnify and save harmless any governmental agency or subdivision or any member of the public for all actual damage caused by any act or omission by such registered plumbing installer of any plumbing system, his agents or employees, to any property which a governmental agency or sub-division or any member of the public may own or for which it may be responsible and to hold any governmental agency or sub-division or any members of the public free and harmless from all claims to damages caused by negligence or misfeasance of registered plumber installing or altering plumbing from all cost and expenses growing out of the defense of such claims, then this bond shall be void, other-wise it shall remain in full force and effect.

This bond shall be in force for a period beginning with the date of registration to install or alter plumbing within the Hancock Public Health District and **ending on the last day of December 2019**, but this bond may be extended by continuation or extension certificate signed by the Principal and Surety to cover renewal registration certificate.

Notwithstanding the above stated conditions for termination, extension, or continuance of this bond the Surety Company may, for just and/or due cause, cancel this bond upon thirty (30) days written notice to the Principal and the Hancock County Combined General Health District Board of Health of such intention to cancel this bond.

IN WITNESS THEREOF, the Principal herein named has hereunto affixed his hand and seal and the Surety herein has caused this bond to be signed by its officers proper for the purpose and its corporate seal affixed and justification of power of attorney herewith attached the day and date first above written.

Witness to Signature of Principal

Principal

Surety

By _____
Authorized Agent and Attorney in Fact