



CUYAHOGA COUNTY BOARD OF HEALTH

Your Trusted Source For Public Health Information

APPLICATION FOR 2025 PLUMBING CONTRACTOR REGISTRATION

In accordance with the Cuyahoga County Board of Health Plumbing Regulation, anyone performing either residential or commercial plumbing work in the townships within the jurisdiction of the Cuyahoga County Board of Health (CCBH) is required to register with the Board on an annual basis. The information requested below is necessary to determine compliance with all pertinent State of Ohio and CCBH requirements.

- Registration Fee: \$100
- Term of Registration: Registration expires on December 31 of each calendar year
- Bond Requirements: Applicant must submit a \$25,000 CCBH Plumbing Contractor Registration Bond
- Certificate of Insurance: Applicant must provide a certificate of liability insurance showing the Cuyahoga County Board of Health as insured or as an additional insured entity
- State Registration: Applicant must provide proof of current plumbing contractor’s license issued by the Ohio Construction Industry Licensing Board

Business Information

Business Name _____ Phone _____ Fax _____

Business Address _____ Email _____

City _____ State _____ Zip Code _____

Select One: _____ Corporation _____ Partnership _____ Sole Proprietorship _____ Other

Owner, Managing Partner, President or Statutory Agent Information

Name _____ Home Phone _____ Cell Phone _____

Home Address _____ Email _____

City _____ State _____ Zip Code _____

I acknowledge that this registration requires that my company abide by all pertinent regulations of the Cuyahoga County Board of Health and the State of Ohio, including all adopted Codes. Furthermore, I swear that all of the information submitted is true to the best of my knowledge.

Signature of Owner/Managing Partner/President/Statutory Agent

Print Name

The following individuals are authorized to act as signatory agents on behalf of the company (Print names below):

- 1. _____ 2. _____
- 3. _____ 4. _____

**Please send payment to:
Cuyahoga County Board of Health
5550 Venture Drive
Parma, OH 44130**

NOTE: ALL RETURNED CHECKS WILL BE CHARGED A PROCESSING FEE OF TEN DOLLARS (\$10.00)

OFFICE USE ONLY

Date Issued _____ Registration No. _____ By _____
Log-in number _____ \$ Amount Paid _____