



# CUYAHOGA COUNTY BOARD OF HEALTH

Your Trusted Source For Public Health Information

## APPLICATION FOR 2026 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 \$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 \_\_\_\_\_ 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 agent on behalf of the company (Print names below):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**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 \_\_\_\_\_