



304 Putnam Street, Marietta, Ohio 45750
Phone (740) 373-0611; Fax (740) 376-6445
Michael Brockett, MD, Health Commissioner

APPLICATION TO REGISTER AS A PLUMBER IN THE
CITIES OF MARIETTA & BELPRE, OHIO

Name: _____

Address, City, State & Zip: _____

Business Name: _____

Business Address: _____ Phone: _____

E-mail Address: _____

Registration Requested For: Master w/State Certificate ___ Journeyman ___ Apprentice ___

- 1. Do you presently hold a Plumbing Registration License in any other city or county in Ohio? Y/N ___
2. Do you hold a State of Ohio Certified Plumbing Card: Y/N ___

If yes to either of the above, please submit a copy of your current license/registration with this application.
If you do not have a current registration/license you may be required to take a plumbing exam. Contact the office for details.
Plumbing License expires on January 31st of each year. Penalty for failure to renew license will result in reexamination.

Registration Fee: \$75.00

Application is hereby made to the Marietta/Belpre Health Department for commercial/residential plumbing contractor registration. By signing below, I agree to conform with all plumbing regulations and existing ordinances of this health jurisdiction; follow without change all accompanying plans and specifications designated by the plumbing inspector; consult with the plumbing inspector regarding changes or adjustments in such plans; and notify MBHD for inspection before such work has been covered.

Applicant Signature: _____

FOR OFFICE USE ONLY

Date Applied _____

License #: _____ By: _____

Test Date: _____ License Fee: \$ _____