



"Striving Toward a Healthier Community."

Kirkland Norris, REHS, MPH, Health Commissioner
Dr. Jennifer Kungle, President of the Board of Health
Dr. Maureen Ahmann, DO, Medical Director

To: Plumbing Contractors
From: Stark County Plumbing Department
Re: Plumbing Registration

Please find enclosed the paperwork necessary to obtain your Plumbing Registration for 2024. Please be sure your surety bonds are dated through **January 31, 2025**. If any forms are missing or any information is incorrect, **all paperwork will be returned to the applicant**. All paperwork must be mailed together. **This includes the surety bond.**




TO OBTAIN YOUR STARK COUNTY PLUMBING REGISTRATION WE NEED TO HAVE:

- A SIGNED AND DATED APPLICATION
- YOUR ORIGINAL SURETY BOND
- COPY OF STATE PLUMBING LICENSE
- REGISTRATION FEE OF \$70.00

PLEASE MAIL TO:

**STARK COUNTY PLUMBING
7235 Whipple Ave NW, Suite B
North Canton, Ohio 44720
Attn: Plumbing**

If you have any questions, please call the Plumbing Clerk at (330) 451-1473.

7235 Whipple Ave. NW | North Canton, OH 44720 |    
Tel. 330.493.9904 | Fax 330.493.9920 | Nursing Confidential Fax Line 330.493.9932

www.StarkHealth.org

"This agency is an equal provider of services and an equal opportunity employer." - Civil Rights Act of 1964

**APPLICATION FOR PLUMBING CONTRACTOR REGISTRATION
STARK COUNTY HEALTH DEPARTMENT**

Please fill in the required information below with a typewriter or print legibly in ink. This document must be signed by the applicant and be notarized.

NAME OF APPLICANT: _____

HOME ADDRESS: _____
(Number, Street, City, State, Zip Code)

NAME of BUSINESS: _____

ADDRESS of BUSINESS: _____

BUSINESS TELEPHONE: _____ **HOME TELEPHONE:** _____

EMAIL: _____

Other cities or counties where you are currently a licensed plumbing contractor. (You must provide copies of the appropriate documents to verify your statement.): _____

I hereby apply to be registered as a plumbing contractor in Stark County, Ohio. I authorize any person, apprenticeship committee, partnership, corporation, business entity, school, labor union, political subdivision, and any agency thereof, to provide to the Stark County Board of Health any records, documents or other information which it deems necessary to verify the information I have provided to the Stark County Health Department.

SIGNATURE OF APPLICANT _____ **DATE** _____

Subscribed and duly sworn to before me according to law, by the above-named applicant this _____ day of _____,
20__ at _____, County of _____ and State of _____.

SIGNATURE OF NOTARY _____ **MY COMMISSION EXPIRES:** _____

HEALTH COMMISSIONER ACTION

Registration Approved _____ Date _____ Signature/Authorized Person _____

Registration Number _____ Fee Paid _____ Cash _____ Check _____

RECIPT #: _____

YEAR _____

**STARK COUNTY HEALTH DEPARTMENT
SURETY BOND**

BOND NO. -----

Know All Men by These Presents, that we _____
(Name of Plumbing Company)

of _____ as Principal and the _____
(City and State) (Name of Surety Company)

with its principal office at _____ as Surety, are held firmly bound
(City and State)

unto the Stark County Board of Health (Ohio), hereinafter called Obligee, in the penal sum of Ten Thousand Dollars (10,000.00), for the payment of which well and truly to be made we do hereby bind ourselves and our legal representatives, jointly and severally by these presents. **THE CONDITION OF THE ABOVE OBLIGATION IS SUCH** that whereas said principal has made application to said obligee to become a Registered Plumber in Stark County for the term ending January 31, 2025.

NOW THEREFORE, if the said Principal shall indemnify the Obligee against any loss directly arising by reason of the failure to comply with all of the laws, ordinances, resolutions, rules, and regulations pertaining to such registration or permit issued to the Principal, then this obligation shall be void, otherwise to be and remain in full force and effect. It is understood and agreed that this bond may be renewed from year to year by continuation certificate executed by said Surety. It is further understood and agreed that if the Surety shall so elect, this bond may be canceled by giving thirty days' notice in writing to said Obligee.

Term of bond: _____, 20____ to January 31 _____, 2025

SIGNED AND SEALED this _____ day of _____, 20

(Principal)

(Surety)