



Clermont County Public Health

Prevent. Promote. Protect.

2025

Application for Plumbing Registration

Company Name: _____

Company Address: _____

City State Zip

Bond Number (required): _____

Company Phone #: () - Fax#: () -

Cell Phone #: () -

E-Mail Address: _____

Name of Owner: _____

Owner Address: _____

City State Zip

Registering for (check all that apply): Residential Commercial*Medical Gas

***If registering for commercial plumbing a state plumbing license must be provided.**

I hereby certify that I am the owner or authorized representative of the plumbing company to be registered for the current year. All registrations expire on December 31 of each year.

Fee Due: \$100.00

Date Signature



For Office Use Only

Date Issued License#