

# PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT



705 Oakwood Street  
Suite 208  
Ravenna, OH 44266

Joseph J. Diorio, MPH, MS, RS  
Health Commissioner

Phone: 330-296-9919

Fax: 330-297-3597

Email: [PCHD@portageco.com](mailto:PCHD@portageco.com)

Web: [www.co.portage.oh.us/dept/health department](http://www.co.portage.oh.us/dept/health%20department)

## 2016-2017 Registration Period

To a Licensed Ohio Plumbing Contractor wanting to register with Portage County Combined General Health District:

To register, please submit the following:

1. **New Plumbing Contractor Application for Registration**  
Please complete all information, have signature notarized and return this form.
2. **State of Ohio Plumbing Contractor License**  
Enclose a current copy the Plumbing Contractor's License.
3. **Registration Fee**  
Remit \$150.00 check or money order payable to the Portage County Health District.
4. **Certificate of Insurance**  
Please submit a copy of the Certificate of Insurance provided to the Ohio Department of Commerce's Division of Industrial Compliance Licensing Board (ICLB) in accordance with Ohio Administrative Code Chapters (OAC) 4101:16-2-07 Renewal of license and 4101:3-2-09 Fees and insurance. Please note, these sections require the licensee to maintain at least five hundred thousand (\$500,000) dollars in contractor liability insurance.

## **PLEASE NOTE:**

Each permit includes one (1) rough and one (1) final inspection. At the time of application only, additional inspections can be applied at a cost of \$35.00 each. After the initial application, a \$50.00 fee will be assessed for each additional inspection.

To assist us in providing timely inspections, please provide the permit number, address, and township when scheduling inspections. No plumbing systems will be approved without a water or air test at the time of inspection.

Please be aware that the Portage County Health District **does not** have jurisdiction within the cities of **Aurora, Kent, Ravenna, and Streetsboro**. If you have any questions, please contact this office by phone Monday through Friday, 8-10 AM at (330) 296-9919 ext. 104 or through email at [drobinson@portageco.com](mailto:drobinson@portageco.com).

Sincerely,

Dan Robinson, CPI PPE  
Plumbing Inspector

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## **NEW PLUMBING CONTRACTOR APPLICATION FOR REGISTRATION**

**Registration Period: July 1, 2016 to June 30, 2017**

Licensed Plumbing Contractor Name \_\_\_\_\_

Ohio Contractor's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate of Insurance Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

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I subscribe that, if registered, I will abide by the plumbing provisions set forth in the Ohio Building Code and the Ohio Plumbing Code and that I will assist, to the best of my ability, in its enforcement in such buildings as are designated therein.

I hereby certify that the information contained in the foregoing application is correct to the best of my knowledge.

\_\_\_\_\_  
Licensed Plumbing Contractor Name (print)

\_\_\_\_\_  
Signature

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

*below is for office use only*

Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Check/Cash \_\_\_\_\_

Registration # \_\_\_\_\_ Date Registered \_\_\_\_\_ Registration Approval \_\_\_\_\_