

## IMPORTANT NOTICE!

DATE: December 1, 2018

TO: **Plumbing Contractors**

RE: **2018 Registration Application**

Enclosed is your application for the 2019 registration year. Please fill out application completely and return with the signed surety bond (Example enclosed) in the amount of \$10,000 with **Marion Public Health** listed as the obligee. Registration application / surety bond will need to be returned **by January 31, 2019**. Registration after the January 31, 2019 deadline will be assessed a late fee of 50% in addition to the registration fee. Plumbing Contractors who have not completed 2019 registration processes will not receive inspection services or be issued new permits. **It is a requirement of the Plumbing Contractor to provide up-to-date and current forms as they expire or renew throughout the year. Also please post all permits issued at the jobsite and have plans available.**

**BEFORE** Marion Public Health will issue your registration for the 2019 registration year:

- We will need to have the correct signed **surety bond for \$10,000 made out to Marion Public Health** or continuation certificate.
- The completed application
- The registration fee of \$100.00 for those with a state license
- Copy of current liability insurance coverage
- Current copy of your **2019** state license certificate

**The Department of Commerce has informed us that anyone doing commercial plumbing must be state certified.**

Make sure that you have the hard copy of the plumbing permit in your hand and posted on the site in a visible location **BEFORE** you start work. We do not want to charge penalties, if at all possible. We are required to charge penalties if work starts before the permit is issued.

If you have any questions on the Registered Program Rules, the registration process or any plumbing questions, please contact me at 740-692-9118.

Sincerely,



Michelle Reale

EH Administrative Services Coordinator

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING  
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF  
MARION PUBLIC HEALTH  
181 S. Main Street  
MARION, OH 43302  
1-740-692-9118**

Business Name or Plumbing Installer \_\_\_\_\_

Contractor's or Installer's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Bond Company: \_\_\_\_\_ Bond Expires: | | \_\_\_\_\_

Email: \_\_\_\_\_

I agree to comply with all regulations of the Marion Public Board of Health under Registered Program Rules No. 100.00 and the Plumbing Program Rules No. 140.00, and acknowledge that my registration may be suspended or revoked for violation of these rules and regulations.

THE ANNUAL FEE FOR A PLUMBER'S REGISTRATION SHALL BE \$100.00 STATE CERTIFIED APPLICANTS ONLY. REGISTRATION SHALL REMAIN VALID UNTIL JANUARY 31, 2020, OR ONLY AS APPROVED BY THE HEALTH COMMISSIONER.

Plumbing contractors must submit the original signed \$10,000 surety bond with Marion Public Board of Health, as the obligee, in order to register for 2019.

STATE LICENSE NUMBER \_\_\_\_\_

List all employees authorized to pull Permits \_\_\_\_\_

APPLICANT \_\_\_\_\_

(Please print legibly)

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

(SIGNATURE)

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(Office Use Only)

REGISTRATION APPROVED \_\_\_\_\_

REGISTRATION NUMBER \_\_\_\_\_ YEAR 2019

RECEIPT MAILED TO APPLICANT BY \_\_\_\_\_ DATE \_\_\_\_\_

SURETY BOND

Bond # \_\_\_\_\_

KNOWN ALL MEN BY THESE PRESENT, That \_\_\_\_\_  
DBA \_\_\_\_\_ whose address is \_\_\_\_\_  
\_\_\_\_\_ as Principal, and  
\_\_\_\_\_, whose address is \_\_\_\_\_  
\_\_\_\_\_ as Surety, a corporation duly  
authorized to transact the business of Suretyship and Bonding in the State of Ohio, that we are  
held and firmly bound unto THE BOARD OF HEALTH OF MARION COUNTY, OHIO and  
**MARION PUBLIC HEALTH as Oblige**, in the penal sum of TEN THOUSAND AND  
NO/100 Dollars (**\$10,000.00**) for the payment of which well and truly to be made, we bind  
ourselves, our heirs, executors, administrators, successors and/or assigns, jointly and severally,  
firmly by these presents.

WHEREAS, the above Principal has or is about to register as a service provider with or apply to  
said Oblige for registration as a **Plumbing Contractor** for the term commencing **February 1,  
2019 and ending January 31, 2020**; pursuant to the Rules and Regulations of **MARION  
PUBLIC HEALTH** as they apply to **Plumbing Contractors in Marion County**.

NOW THEREFORE, if said principal shall well and truly, comply with and faithfully discharge  
his duties according to the terms of said Rules and Regulations relating to the issuance of said  
license, and fully indemnify and safe harmless the Oblige, ***and any person or persons injured or  
damaged by failure of said contractor to comply with the terms of said Rules and Regulations  
and with the terms of the laws of the State of Ohio***; then this obligation shall be void, otherwise  
to be and remain in full force and effect.

Signed and acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

PRINCIPAL:

SURETY:

\_\_\_\_\_

By: \_\_\_\_\_