

IMPORTANT NOTICE!

DATE: December 4, 2019

TO: **Plumbing Contractors**

RE: **2020 Registration Application**

Enclosed is your application for the 2020 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, 2020**. Registration after the January 31, 2020 deadline will be assessed a late fee of 50% in addition to the registration fee. Plumbing Contractors who have not completed 2020 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 2020 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 **2020** 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 plumbing permit posted on the site in a visible location **BEFORE** you start work. We do not want to charge penalties, if at all possible. However, 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 and/or any plumbing questions, please contact me at 740-692-9118.

Sincerely,



Michelle Reale

EH Administrative Services Coordinator

mreale@marionpublichealth.org

**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, 2021, 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 2020.

STATE LICENSE NUMBER _____

List all employees authorized to pull Permits _____

APPLICANT _____

(Please print legibly)

APPLICANT _____ DATE _____

(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER _____ YEAR 2020

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,**
2020 and ending January 31, 2021; 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: _____