TO ALL PLUMBERS REQUESTING TO REGISTER IN UNION COUNTY

As stated in Section 2.2 and 2.3 of the Union County Plumbing Regulations, a fee $100.00 per annum for each company is required to be deposited in our office by January 1st of each year in order to maintain your current active registration. The $100.00 fee is Payable to THE UNION COUNTY BUILDING DEPARTMENT.

As stated in Section 2.4, individuals performing work, as plumbers shall post a surety bond in the amount of $10,000. The bond shall be delivered to the Union County Building Department, but shall be made payable to the UNION COUNTY BOARD OF HEALTH. A Certificate of Continuation from the bonding company will serve as evidence of renewal of an existing bond.

All bonds should run concurrently with registration. Renewal of bond is required annually with renewal of registration on January 1 of each year.

Please DO NOT send your registration fee without the surety bond or certificate of continuance. Checks received without above listed information will be returned to sender.

Plumbers performing work without new registration and bond will be in violation of plumbing code and subject to penalty.

RETURN COMPLETED REGISTRATION FORM WITH:

1. ORIGINAL SURETY BOND OR CERTIFICATE OF CONTINUANCE IF RENEWING
2. STATE LICENSE CERTIFICATE
3. $100 REGISTRATION FEE (EFFECTIVE JANUARY 1, 2018)

MAIL TO:
Union County Engineer
233 W. 6th Street
Marysville, Ohio 43040

UNION COUNTY BUILDING DEPARTMENT
LICENSE BOND
KNOW ALL MEN BY THESE PRESENT, That we

______________________________________________________________

As Principal, and_______________________________________________________

as Surety, and a corporation duly authorized to transact the business of Suretyship in the State of Ohio, are

held and firmly bound unto the UNION COUNTY BOARD OF HEALTH as Obligee, in the penal sum of

TEN THOUSAND DOLLARS ($10,000.00) for the payment of which well and truly to be made, we bind

ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by

these presents,

Sealed with our seals this ______day of __________________20____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above Principal has or is about to apply to said Obligee for a license as Plumbing

Contractor for the term commencing this date and ending December 31, 20____; pursuant to the Rules and

Regulations of the Union County Health Department for the installation of plumbing systems.

NOW THEREFORE, if said principal shall well and truly comply with the faithfully discharge his duties

according to the terms of said Rules and Regulations relating to the issuance of said license, and fully

indemnify and save harmless the said Obligee, and any person or persons injured or damaged by the 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.

Principal: _____________________________________________

By: ______________________________________

Surety: ________________________________________________

By: _______________________________________

Attorney-in-Fact

Approved by:_______________________________________________________________________

Year __________Reg #________________
APPLICATION FOR UNION COUNTY PLUMBERS REGISTRATION

Please Print Clearly

Company Name: _____________________________________________________________
Applicant/ Representative Name: _______________________________________________
Company Address (street): ____________________________________________________
City, State, Zip code: ________________________________________________________
Phone #: ______________________________________________________________________
Company E-mail address: ______________________________________________________
Ohio construction Industry Licensing Board (OCLIB)# ______________________________

Your rating: Master Plumber_____ Journeyman______ Other__________

By registering, I hereby agree to comply with all provisions of the Union County Board of
Health Regulations, 3703.01 to 3703.99, in conclusive of revised Code 4101.2-51 of the Ohio
Administrative Code and all regulations of the Union County Board of Health.

________________________________________  _______________________________
Applicant’s Printed Name                        Applicant’s signature

FOR OFFICE USE ONLY

License Issued By:

________________________________________  _______________________________
Printed Name                              Title

Signature                        Date