



HANCOCK PUBLIC HEALTH **2024 PLUMBING REGISTRATION**

IMPORTANT NOTICE:

Plumbing Contractors must be registered with Hancock County prior to doing any jobs in 2024

(See the rest of the packet for all details)

PAYMENT OPTIONS:

Cash, check, or card. Checks payable to "HPH."
If using card, call ahead at 419-424-7870
(4% service fee added for card use).

PAPERWORK SUBMISSION:

U.S. Mail: HPH, 2225 Keith Parkway, Findlay, OH 45840
Scan Email: EH@hancockPH.com
Fax: 419-424-7872

OFFICE HOURS:

Mon 9-4:00; Tues-Fri 8-4:00, including lunch hour





Hancock Public Health

Your Recognized Leader in Population Health

Karim Baroudi, MPH, Health Commissioner



2024 PLUMBING REGISTRATION PACKET

Please complete the enclosed registration forms and return to our office by January 1, 2024.

ALL CONTRACTORS MUST BE REGISTERED PRIOR TO STARTING A JOB

Failure to register by January 1, 2024, requires state license re-application.

Questions: Call 419-424-7870, email EH@hancockPH.com, or stop by the office

PLUMBING REGISTRATION FEE.....\$250.00

INSURANCE: The following two forms of insurance are needed:

- 1) A bond for \$10,000 should be submitted. Please use the sample enclosed bond form. Bond must be good from January 1, 2024 through December 31, 2024.
- 2) Proof of General Liability Insurance (\$500,000 minimum coverage).

PLUMBING CONTRACTOR STATE CERTIFICATION:

Master contractors please submit a copy of your plumbing state certification.

HARDIN COUNTY COMMERCIAL PERMIT INFORMATION:

Beginning January 1, 2023, Hancock Public Health (HPH) became responsible for **COMMERCIAL** plumbing permits in Hardin County. Hardin County commercial permits will need to be purchased at HPH. Hardin County commercial inspections will be conducted by the HPH Inspector in the early A.M. or late P.M. Call 419-424-7870 for inspections.

BACKFLOW CONTRACTOR INFORMATION:

Backflow contractors are required to register through the City of Findlay Water Department. Please use the contact information below to reach the City of Findlay Water Department for backflow registration:

City of Findlay Water Department Phone: 419-424-7190

TURN PAGE OVER FOR
REGISTRATION CHECKLIST





Hancock Public Health

Your Recognized Leader in Population Health

Karim Baroudi, MPH, Health Commissioner



2024 PLUMBING REGISTRATION CHECKLIST

In order to be registered with HANCOCK PUBLIC HEALTH as a plumber, our office must have the following checklist of items completed/submitted:

- COMPLETED/SIGNED APPLICATION (on next page)
- CORRECT FEE of **\$250.00**
- COPY OF CURRENT STATE CERTIFICATE(S)
- SUBMIT BOND DOCUMENTS THAT ARE GOOD FROM JANUARY 1, 2024 through DECEMBER 31, 2024**
- CURRENT LIABILITY INSURANCE (Certificate of Liability)

HANCOCK PUBLIC HEALTH PLUMBING CONTACTS:

PHONE: 419-424-7870

EMAIL: EH@hancockPH.com

Monday Hours: 9:00a.m.--4:00p.m.

Tuesday—Friday Hours: 8:00a.m.--4:00p.m.



Hancock Public Health

2225 Keith Parkway
 Findlay, Ohio 45840
 Phone: 419-424-7870
 Fax: 419-424-7872
 Email: EH@hancockPH.com

2024 APPLICATION FOR PLUMBING REGISTRATION

Please fill out all sections to the best of your current knowledge

Business Name:			
Applicant:			
Address:	City	State	Zip Code
Phone:	Cell Phone:		
Fax:			
E-mail:			

I agree to comply with the provisions set forth in *Chapter 4101:2-51 and 3745-95 Ohio Administrative Code, 3703.03 and 6109.13 Ohio Revised Code, and City of Findlay Water Regulations, Section VIII*, 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 true and correct to the best of my knowledge.

Plumbing Contractor State Certificate Registration # _____

Applicant Signature _____ **Date** _____
 (Owner/Agent)

OFFICE USE ONLY IN SECTION BELOW

PRIOR TO ISSUING REGISTRATION OUR OFFICE MUST HAVE THE FOLLOWING:

Bond Certificate of Liability State Certificate

Amount Paid _____ Method of Payment/Payee _____



Hancock Public Health

Your Recognized Leader in Population Health

Karim Baroudi, MPH, Health Commissioner



INDIVIDUAL APPLICANT LISTING

This form may be copied as needed

2024 PLUMBING REGISTRATION

Business Name: _____

1. Name of Applicant: _____ **State Certificate #:** _____

Apprentice Journeyman Installer Backflow Tester

2. Name of Applicant: _____ **State Certificate #:** _____

Apprentice Journeyman Installer Backflow Tester

3. Name of Applicant: _____ **State Certificate #:** _____

Apprentice Journeyman Installer Backflow Tester

4. Name of Applicant: _____ **State Certificate #:** _____

Apprentice Journeyman Installer Backflow Tester

5. Name of Applicant: _____ **State Certificate #:** _____

Apprentice Journeyman Installer Backflow Tester

Rev. 10/13/22

INSTRUCTIONS FOR PREPARATION

- 1. If principal is a business firm, indicate where principal signs whether business is a corporation, partnership or individual.
- 2. Seal of surety should be impressed on bond.
- 3. Attach Power of Attorney for Surety Agent.

Plumbing Installations or Alteration Bond

KNOW ALL MEN BY THESE PRESENTS, THAT WE _____

_____ as Principal, and _____ as Surety, are held and firmly bound unto the Hancock County Combined General Health District Board of Health of the Hancock Public Health District, in the penal sum of Ten Thousand Dollars (\$10,000) lawful money of the United States, for the payment of which will well and truly be made, we bind ourselves, our heirs, executors and administrators jointly and severally, firmly by these presents.

Sealed with our seals, this _____ day of _____ A.D. 20 _____.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH: That, whereas, the above bound _____ did on the _____ day of _____, 20 _____ obtain from the Board of Health of said Board of Health, a certificate of Registration to install or alter plumbing within and for said Board of Health in said Hancock Public Health District.

NOW, THEREFORE, if the said _____ shall at all times and in all respects, carefully and truly observe the **plumbing regulations** which have been or shall here-after be established by the Board of Health of said Board of Health, and/or provisions duly established by regulations which have been or which shall hereafter be passed by the Board of Health of the Hancock Public Health District respecting construction and alteration of **all plumbing systems** in said Hancock Public Health District and the conditions of said **registration**, and shall indemnify and save harmless any governmental agency or subdivision or any member of the public for all actual damage caused by any act or omission by such registered plumbing installer of any plumbing system, his agents or employees, to any property which a governmental agency or sub-division or any member of the public may own or for which it may be responsible and to hold any governmental agency or sub-division or any members of the public free and harmless from all claims to damages caused by negligence or misfeasance of registered plumber installing or altering plumbing from all cost and expenses growing out of the defense of such claims, then this bond shall be void, other-wise it shall remain in full force and effect.

This bond shall be in force for a period beginning with the date of registration to install or alter plumbing within the Hancock Public Health District and **ending on the last day of December 2024**, but this bond may be extended by continuation or extension certificate signed by the Principal and Surety to cover renewal registration certificate.

Notwithstanding the above stated conditions for termination, extension, or continuance of this bond the Surety Company may, for just and/or due cause, cancel this bond upon thirty (30) days written notice to the Principal and the Hancock County Combined General Health District Board of Health of such intention to cancel this bond.

IN WITNESS THEREOF, the Principal herein named has hereunto affixed his hand and seal and the Surety herein has caused this bond to be signed by its officers proper for the purpose and its corporate seal affixed and justification of power of attorney herewith attached the day and date first above written.

Witness to Signature of Principal

Principal

Surety

By _____
Authorized Agent and Attorney in Fact