



PREVENT. PROMOTE. PROTECT.

250 WILLIAM HOWARD TAFT RD 2ND FL
CINCINNATI, OHIO 45219
PHONE 513.946.7852
FAX 513.946.7925

PLUMBING REGISTRATION FORM

2011
FEE-\$100.00

OFFICE USE ONLY	
Registration No.	_____
Fee Paid	_____
Receipt No.	_____
Received By	_____

Company	_____
Address	_____
City, State, Zip	_____
Phone No.	_____
Owner's name	_____
Specialty Contractor	Yes _____ No _____
Bond company	_____
Policy No.	_____

As a registered contractor with the Hamilton County General Health District, I will abide by Chapter 4101:2-51 of the Ohio Administrative Code and the rules and regulations of the the Hamilton County General Health District. I understand that any registration approval granted on the basis of false or inaccurate information supplied herein is automatically revoked and registration approval is similarly revoked.

_____	_____
Signature of Owner	Date
_____	_____
Print signed name above	Date

PERFORMANCE BOND # _____ (Installing / repairing plumbing)

KNOW ALL MEN BY THESE PRESENT, that we, the undersigned _____, as Principal, and _____, as Surety, are hereby held and firmly bound unto the Board of Health of the Hamilton County General Health District of Hamilton County, Ohio, in the penal sum of Ten Thousand Dollars (\$10,000.00) for the payment of which well and truly to be made we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, THAT, WHEREAS, the above named principal has registered with the Board of Health of the Hamilton County General Health District, to install and repair plumbing within the territory of the Hamilton County General Health District with registration becoming effective on the _____ day of _____, 20_____.

NOW, if the said principal shall well and faithfully do and perform all installation and repair of plumbing in accordance with all permits issued to him by the Hamilton County General Health District and conforms to any and all rules and regulations and orders of the Hamilton County General Health District, a copy of which is available during normal working hours from the Health Commissioner, and the building and plumbing codes of the State of Ohio and County of Hamilton and completes installation and repair of all work undertaken; and if said Principal shall indemnify and hold harmless the Hamilton County General Health District, the Board of Health of the Hamilton County General Health District, and its employees from all claims for loss and damages that may result in any way by way of accident, negligence, nonfeasance, or lack of care, skill or attention on his part or on the part of anyone in his employment in the installation or repair of plumbing undertaken by him, including all costs and expense arising from the defense of said claims; then this obligation shall be void; otherwise, the same shall remain in full force and effect.

The aggregate liability of the surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as herein stated.

The bond shall begin _____, 20_____, and continue until canceled. This bond may be canceled as to future liability by the surety upon thirty (30) days written notice to the Board of Health of the Hamilton County General Health District. Any such cancellation shall release the surety from liability for any subsequent acts of the principal; provided, however, the surety shall remain liable for any and all acts of the principal covered by this bond up to the date of cancellation.

Signed on this _____ day of _____, 20_____.

Witnesses:

Principal

Address

Surety

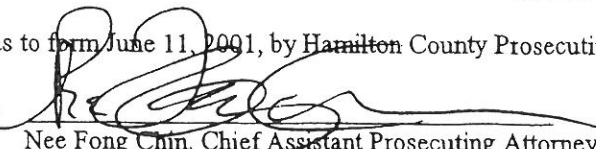
Address

By: _____
Attorney-in-Fact

ATTEST: _____, Health Commissioner and Secretary, Board of Health

This bond accepted by the Hamilton County General Health District, _____ day of _____, 20_____

This bond approved as to form June 11, 2001, by Hamilton County Prosecuting Attorney's office, Joseph T. Deters, Prosecutor.

Approved as to form: 
Nee Fong Chin, Chief Assistant Prosecuting Attorney