



City of Steubenville Department of Health

Steubenville City Hall - 119 South 3rd. Street - P.O. Box 1427 - Steubenville, Ohio 43952 - Phone: 740.283.6000 ext. 1500
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Health Commissioner

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APPLICATION FOR MASTER PLUMBER REGISTRATION

I, _____, hereby make application on(Date) _____
to the Steubenville Health Dept, Plumbing Division, for a Master Plumbing Registration Permit from
July First (Annually) so that I may engage in the business of Plumbing and installing water & sewer in
the City of Steubenville as required by City Ordinance (1305.04).

This application is submitted and filed with said Board of Examiners and Board of Health of the City of
Steubenville upon completion of the following information:

1. Business name: _____,
2. Business address: _____, city _____,
State: _____, Zip _____,
3. Business phone: _____,
4. Business Fax: _____,
5. I am the Owner, Stockholder, Officer, Partner, (circle one)
6. Years of experience in the plumbing industry _____,
7. Your existing **State of Ohio Plumbing License number**, _____,
8. Do you hold a State of Ohio Backflow Device tester License, _____,
9. If yes, your Number, _____,

John Shanley, Plumbing Inspector
Ohio State # 751
740-283-6000 Ex 1511