

**LAKE COUNTY BUILDING DEPARTMENT**

27 Woodland Road Painesville, Ohio 44077

TEL: 440-350-2636 440-918-2636 FAX 440-350-2660 www.lakecountyohio.gov/buildinginspection

**2014 RESIDENTIAL FUEL GAS PIPING CONTRACTOR'S  
REGISTRATION APPLICATION**

**REGISTRATION FEE: \$100.00**

**A copy of a current State of Ohio License in either HVAC or Plumbing OR a copy of a Current Registration with another City or County Building / Health Department must be enclosed.**

Please Make Checks payable to: **LAKE COUNTY TREASURER & IF MAILING IN,**  
please enclose a **SELF-ADDRESSED, STAMPED ENVELOPE**

**Date:** \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**COMPANY REPRESENTING:**

\_\_\_\_\_  
(Company Name if Appearing on State of Ohio License)  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_  
Business Fax Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Please list **names of any additional personnel authorized** to **obtain permits** and **schedule inspections** for the above company. If more space is needed, please attach a separate sheet.

**A copy of a current State of Ohio License in either HVAC or Plumbing OR a copy of a Current Registration with another City or County Building / Health Department must be enclosed and noted below:**

Type of Ohio License or City / County Registration Held	Current License / Registration No.	Expiration Date
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**PLEASE NOTE: This form must be notarized.**

I hereby swear or affirm that I have not been denied a State of Ohio License, that the above license is in full force and effect and not revoked or subject to revocation. I further subscribe that, if registered, I will abide by the provisions set forth in the code of building regulations for the unincorporated areas of Lake County and the areas where the Lake County Building Department has jurisdiction. Also, I will obtain all necessary permits and required inspections including final inspections. I will maintain a set of approved construction documents on site, and I will comply with all approved construction documents, codes and standards. I will affix my identifying label to all work done under this registration. This certificate of registration can be revoked at the discretion of the Lake County Building Department for violation of the Building Codes or failure to obtain permits, required inspections, or other just cause, including violations of the provisions of this paragraph.

**FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF \$1,000 OR BOTH.**

**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
(Applicant's Name)

*being duly sworn deposes and says that the information provided  
herein is true and sufficiently complete so as not to be misleading.*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**SEAL**

**NOTARY SIGNATURE**

**NOTARY STAMP or PRINT NOTARY NAME** \_\_\_\_\_

Expiration Date of Commission: \_\_\_\_\_ COMMISSION RECORDED IN: \_\_\_\_\_  
(COUNTY)

**REGISTRATIONS ARE VALID FROM JANUARY 1ST - DECEMBER 31ST OF EACH YEAR.**

2014 APPLICATIONS ARE BEING ACCEPTED AS OF January 2, 2014

Revised 12/2013