Lionel E. Stickles III, Bureau Chief 410-386-2674, 1-888-302-8978 fax 410-876-9252 MD Relay service 7-1-1/800-735-2258



2017-2019 Plumbing License Application

| PLEASE PRINT ALL INFORMATION | | | | | | | | | |
|---|------------------------|-----------|----------|-----------|------------------|----------------------|---------|---------------|--------|
| Carroll C | ounty Licen | se # | | | MD Stat | te Lic.# | | Expires: | |
| Type of License: (Please check the appropriate box) | | | | | | | | | |
| | Master Plu | | | Inactive: | | | | | |
| Master Plumber/Gas Fitter | | | | | | | | | |
| | Gas Fitter | Check one | Natural | | LP | | Both | | |
| Utility | | | | | | | | | |
| Full Name: | | | | | | | | | |
| (First) | | (| (Middle) | | | (Last) | | (Sr.,Jr.,III, | etc) |
| *Company Name: Mailing Address: | | | | | | | | | |
| (Street Ad | ldress and/or | P.O. Box) | | | (Town) | | (State) | | (Zip) |
| Email A | ddress: | | | | | | | | |
| Company Phone #: | | | | | Company's Fax #: | | | | |
| Cell Phone#: | | | | | Home Phone #: | | | | |
| *Is this a new company name since your last Carroll County renewal or application? | | | | | | | | | |
| The following section is to be completed by the license holder. | | | | | | | | | |
| I,, solemnly affirm under the penalties of perjury, that I will uphold the Carroll County Plumbing Ordinance. I can not allow any unlicensed person to do plumbing/gas/utility under the authority of my license. I understand that I am responsible for having all permits under my license finalized before the permit will be cleared from my license. I understand that a violation of these requirements could result in suspension or | | | | | | | | | |
| *Licensed Mechanic Signature: | | | | | | | | | |
| *Must Match Driver's License Signature | | | | | | | | | |
| Licensed Mechanic Printed Name: | | | | | | | | | |
| | | | | | | | | | |
| For Office Use Only Master Plumber:\$70.00 Master Plumber/Gas Fitter:\$100.00 Gas Fitter:\$70.00 Utility/Septic:\$50.00 | | | | | | | | | |
| Inactive:1/2Fee Make Checks Payable to Carroll County Commissioners | | | | | | | | | |
| Date Re | Date Rec'd Amount Paid | | | | F | _ Receipt # Initials | | | itials |