

**Board of County
Commissioners**

Kenneth A. Kiler, President
Joseph A. Vigliotti, Vice President
Thomas S. Gordon III
Michael R. Guerin
Susan W. Krebs



**Department of
Public Works**

Bryan Bokey, PE
Director
ccdpuw@carrollcountymd.gov
Phone: 410-386-2248
Fax: 410-876-2431

2025-2027 Plumbing License Application

PLEASE PRINT ALL INFORMATION							
Carroll County License #				MD State Lic.#		Expires:	
Type of License: (Please check the appropriate box)							
<input type="checkbox"/> Master Plumber		Inactive: <input type="checkbox"/>		<input checked="" type="checkbox"/> if inactive			
<input type="checkbox"/> Master Plumber/Gas Fitter							
<input type="checkbox"/> Gas Fitter		CHECK ONE	<input type="checkbox"/> Natural	<input type="checkbox"/> LP	<input type="checkbox"/> Both		
<input type="checkbox"/> Utility							
Full Name:							
(First)		(Middle)		(Last)		(Sr., Jr., III, etc)	
*Company Name:							
Mailing Address:							
(Street Address and/or P.O. Box)		(Town)		(State)		(Zip)	
Email Address:							
Company Phone #:				Company 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 revocation of my license.							
*Licensed Mechanic Signature: _____							
IMPORTANT *MUST BE ORIGINAL SIGNATURE OF LICENSEE*							
Licensed Mechanic Printed Name: _____							
For Office Use Only							
Master Plumber/Gas Fitter:\$100.00 Master Plumber:\$70.00 Gas Fitter:\$70.00 Utility/Septic:\$50.00 Inactive: 1/2 Fee							
Make Checks Payable to Carroll County Commissioners							
Date Rec'd _____		Amount Paid _____		Receipt # _____		Initials _____	