

**SIDNEY-SHELBY COUNTY
GENERAL HEALTH DISTRICT**

**APPLICATION FOR 2011 REGISTRATION
HOUSEHOLD SEWAGE TREATMENT SYSTEM INSTALLER**

I hereby apply for a registration to install, alter or repair household sewage treatment systems in the Sidney-Shelby County General Health District for the year 2011. I agree to abide by all the rules and regulations of the Ohio Revised Code and the Sidney-Shelby County Combined General Health District under penalty of possible suspension or revocation of this registration.

NAME OF REGISTRANT

NAME OF BUSINESS

ADDRESS City State Zip

E-MAIL ADDRESS OFFICE PHONE CELL PHONE FAX

APPLICANT'S SIGNATURE DATE

*Notice: A fee of \$150.00 and an original copy of a \$25,000 bond (Sewage Treatment System Installer for Shelby County) must accompany this application. **Bond term must be January 1– December 31 of the current registration year (or initial registration date thru December 31st).** No permits or inspections will be provided for 2011 until you are registered.*



Return application to: Sidney-Shelby County Health Department
202 W. Poplar St., Sidney, OH 45365

***** OFFICE USE ONLY *****

TOTAL PAID: _____ REGISTRATION #: _____
DATE PAID: _____ APPROVED: _____ DISAPPROVED _____
RECEIPT #: _____
SANITARIAN _____ DATE _____