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Bureau of Permits and Inspections
 225 North Center Street
 Room 118
 Westminster, Maryland 21157

2021-2023 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 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'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.					
<p>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.</p> <p>*Licensed Mechanic Signature: _____</p> <div style="background-color: yellow; text-align: center; padding: 5px;">IMPORTANT *MUST BE SIGNED BY LICENSEE*</div> <p>Licensed Mechanic Printed Name: _____</p>					
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 _____					