

**DORCHESTER COUNTY PLUMBING APPLICATION**

**INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT ACTION BY THIS OFFICE**

**LICENSE TERM: 10/14/2009 – 10/14/2010**

NAME \_\_\_\_\_ COUNTY LICENSE # \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ Zip Code \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ Zip Code \_\_\_\_\_ PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WOULD YOU LIKE YOUR RENEWAL APPLICATION EMAILED TO YOU? \_\_\_\_\_

HAS YOUR COMPANY ADDRESS CHANGED? \_\_\_\_\_

HAS YOUR HOME ADDRESS CHANGED? \_\_\_\_\_

HAS YOUR EMAIL ADDRESS CHANGED? \_\_\_\_\_

**PLEASE DO THE FOLLOWING:**

1. Enclose a check or money order in the amount of \$75.00, made payable to Dorchester County Planning and Zoning.
2. Enclose a copy of your Maryland State Plumbing License.
3. Enclose a copy of proof of insurance with Dorchester County Planning and Zoning as the Certificate Holder. Your name **MUST** appear as Licensee.
4. Return all material and this completed application to:

**DORCHESTER COUNTY PLANNING & ZONING  
PO BOX 107  
CAMBRIDGE, MD 21613**

**If you have any questions, please call 410-228-3234**

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_