

**Board of County
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**Department of
Public Works**

Bryan Bokey, PE
Director
ccdpw@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"/>	√ 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.							
<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>							
*Licensed Mechanic Signature: _____							
IMPORTANT *MUST BE ORIGINAL SIGNATURE OF LICENSEE*							
Licensed Mechanic Printed Name: _____							
<small>For Office Use Only</small>							
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 _____	