

**Board of County
Commissioners**

Kenneth A. Kiler, President
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**Department of
Public Works**

Bryan Bokey, PE
Director
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Phone: 410-386-2248
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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"/>	<input type="checkbox"/> LP	<input type="checkbox"/>	<input type="checkbox"/> Both	<input type="checkbox"/>		
<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> <p>*Licensed Mechanic Signature: _____</p> <p style="text-align: center; background-color: yellow;">IMPORTANT *MUST BE ORIGINAL SIGNATURE OF LICENSEE*</p> <p>Licensed Mechanic Printed Name: _____</p>										
For Office Use Only										
<p>Master Plumber/Gas Fitter:\$100.00 Master Plumber:\$70.00 Gas Fitter:\$70.00 Utility/Septic:\$50.00 Inactive: 1/2 Fee</p> <p style="text-align: center;">Make Checks Payable to Carroll County Commissioners</p> <p>Date Rec'd _____ Amount Paid _____ Receipt # _____ Initials _____</p>										

225 North Center Street Westminster, Maryland 21157
410-386-2400; 1-888-302-8978
MD Relay 711/800-735-2258