

**Board of County
Commissioners**

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**Department of
Public Works**

Bryan Bokey, PE
Director
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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 checked="" type="checkbox"/> Master Plumber	Inactive: <input type="checkbox"/>	✓ if inactive	
<input checked="" type="checkbox"/> Master Plumber/Gas Fitter			
<input checked="" type="checkbox"/> Gas Fitter CHECK ONE	Natural	LP	Both
<input checked="" 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="background-color: yellow; text-align: center;">IMPORTANT *MUST BE ORIGINAL SIGNATURE OF LICENSEE*</p>			
<p>Licensed Mechanic Printed Name: _____</p> <p style="text-align: center;">For Office Use Only</p>			
<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>Make Checks Payable to Carroll County Commissioners</p>			
<p>Date Rec'd _____ Amount Paid _____ Receipt # _____ Initials _____</p>			