

PLUMBING PERMIT TRANSFER APPLICATION

The Delaware Public Health District allows for the transfer of a permit that is **currently in good standing** from one owner/registered contractor to another, **provided that applicant of the original permit agrees to the transfer and the new applicant accepts responsibility for all work done previous to the transfer.** A fee of \$25 is due at the time of the submittal of this application.

Permit Number: _____ Facility Name(If Applicable): _____

Address of Permitted Work: _____

Original Permit Owner/Contractor Name: _____

Address: _____

Phone: _____ Email: _____

Transferred Permit Owner/Contractor Name: _____

Address _____

Phone: _____ Email: _____

I hereby attest that I approve of the transfer of the original permit mentioned above and that I transfer all responsibility for the work that I performed under the original permit to the owner/contractor mentioned above.

Signature: _____ Date: _____

I hereby attest that I approve of the transfer of the permit mentioned above that I accept all responsibility for the work that the previous owner/contractor performed under the permit.

Signature: _____ Date: _____

-----OFFICE USE ONLY-----

Receipt #: _____ Receipt Date: _____ Received by: _____

Transfer Approved By: _____ Date: _____

Database Update Completed By: _____ Date: _____

NOTE: Please attach this transfer request form to the updated permit.