Delaware Public Health District
Dedicated to your health

GARRETT GUILLOZET, MPA, REHS | HEALTH COMMISSIONER
470 SOUTH SANDUSKY STREET | DELAWARE, OHIO 43015
PHONE: (740) 368-1700 FAX: (740) 368-1736 | DELAWAREHEALTH.ORG

2027 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. Please refer to fee schedule for appropriate fee. Payment is due at time of submittal.**

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:_____ Receipted by:_____

Circle one: Residential/Commercial/MedGas Amount Receipted:_____

Transfer Approved By:_____ Date:_____

Database Update Completed By:_____ Date:_____

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