



PREVENT. PROMOTE. PROTECT.

1701 Patricia McCollum Way, Dept. 93
Cincinnati, OH 45327

Phone 513.946.7800
Fax 513.946.7890
hcph.org

TRANSFER OF A PLUMBING PERMIT:

I _____, owner of plumbing permit # _____, located at
Permit Owner Permit #

_____, am releasing
Property address

_____ of all responsibility of this permit and am requesting to transfer this
Original Contractor

plumbing permit to _____ who is a bonded and registered contractor with the
New Bonded and Registered Contractor

Plumbing Division of Hamilton County General Health District. _____ accepts transfer of
New Bonded and Registered Contractor

the existing permit and assumes responsibility for all plumbing performed prior to and after the transfer of this
permit.

Original Plumbing Permit Fee \$ _____.

*The fee for this transaction is 50% of the original permit or \$100.00 which ever is the lesser.

Fee charged for transfer of this plumbing permit \$ _____.

Permit Owner's Printed Name

Name of New Bonded and Registered Contractor

Permit Owner's Signature

Signature of New Bonded and Registered Contractor

Date

Date

For Office

Received Date: _____ Total Received: _____ Receipt #: _____

Approved _____ Date Approved: _____