

# Mahoning County District Board of Health Permit Release Form

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Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

This letter serves to notify the Mahoning County District Board of Health pursuant to condition of permit number \_\_\_\_\_ that the control/ownership of the installation of plumbing serving the referenced project is being/has been released and/or forfeited.

As the permittee for this project, \_\_\_\_\_ wishes to release permit number \_\_\_\_\_ for the installation and completion of plumbing:

Property Address: \_\_\_\_\_ Entity Name: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone number: \_\_\_\_\_

\_\_\_\_\_  
Registered Master Plumber Signature

As the permittee for this project, \_\_\_\_\_ wishes **not** to release permit number \_\_\_\_\_ for the installation and completion of plumbing.

\_\_\_\_\_  
Registered Master Plumber Signature

**THE DISTRICT BOARD OF HEALTH RESERVES THE RIGHT TO ISSUE A NEW PERMIT FOR SAID LOCATION IF THIS RELEASE FORM IS NOT RETURNED WITHIN SEVEN (7) DAYS**