

# Mahoning County District Board of Health Permit Transfer 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 transferred and/or forfeited.

As the permittee for this project, \_\_\_\_\_ wishes to transfer permit number \_\_\_\_\_ to the following entity 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 transfer permit number \_\_\_\_\_ to any entity for the installation and completion of plumbing.

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