



**HAMILTON COUNTY  
PUBLIC HEALTH**

PREVENT. PROMOTE. PROTECT.

*Timothy I. Ingram  
Health Commissioner*

*250 William Howard Taft Road, 2nd Floor  
Cincinnati, OH 45219*

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**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: \_\_\_\_\_