



ALLEN COUNTY PUBLIC HEALTH

www.allencountypublichealth.org

Allen County Combined Health District

AFFIDAVIT

I, _____ of _____

Ohio, being first duly sworn, depose and say that I am the owner of the single family dwelling located, or being constructed, or proposed at _____, Ohio, and I am occupying or will occupy the same and that all the plumbing work proposed to be installed at this location will be done by me personally according to the Ohio State Plumbing Code and the Combined Allen County General Health District's Plumbing Regulation. **I WILL CALL FOR INSPECTIONS AT THE REQUIRED STAGES** of construction before any work is covered over with earth, concrete, or drywall, etc. **A FINAL INSPECTION AND AIR TEST** performed by me **IS REQUIRED PRIOR TO OCCUPANCY** of the dwelling or addition. Upon signing this affidavit, I further affirm that I understand that the "owners" permit authorized by law and issued as a result of this application requires me to live in the aforementioned single family dwelling, for a period of not less than six months.

Owner

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

MY COMMISSION EXPIRES _____, 20____

State of Ohio
County of Allen
Plumbing Inspection
Department of Public Health



Public Health
Protect. Promote. Prevent.

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