



**PLUMBING PERMIT TRANSFER APPLICATION**

The Delaware Public Health District allows for the transfer of a permit that is **currently in good standing** from one owner/registered contractor to another, **provided that applicant of the original permit agrees to the transfer and the new applicant accepts responsibility for all work done previous to the transfer.** A fee of \$30 is due at the time of the submittal of this application.

Permit Number: \_\_\_\_\_ Facility Name(If Applicable): \_\_\_\_\_

Address of Permitted Work: \_\_\_\_\_

Original Permit Owner/Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Transferred Permit Owner/Contractor Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I hereby attest that I approve of the transfer of the original permit mentioned above and that I transfer all responsibility for the work that I performed under the original permit to the owner/contractor mentioned above.**

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

**I hereby attest that I approve of the transfer of the permit mentioned above that I accept all responsibility for the work that the previous owner/contractor performed under the permit.**

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

-----OFFICE USE ONLY-----

Receipt #: \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Transfer Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Database Update Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Please attach this transfer request form to the updated permit.**