

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

999 East Main Street
Ravenna, Ohio 44266

Phone: 330-296-9919
Fax: 330-297-3597
E-mail: pchd@portagehealth.net



Rebecca Lehman, MPH, MPA, CHES
Health Commissioner

Web: www.portagehealth.net

Plumbing Affidavit

I, _____, being first duly sworn state that I am the owner and resident or intended resident of the one-family, two-family, or three family dwelling as defined in Ohio Revised Code (ORC) 3781.06 located at:

_____ ADDRESS

_____ TOWNSHIP

Furthermore: I will perform all plumbing work at this location:

- as authorized by Portage County Combined General Health District Residential Plumbing Permit; and
- all work will be in accordance with ORC 3781, ORC 3791, the Ohio Building Code Section 4101:1-1-01, and the Ohio Plumbing Code Sections 4101:3-2 through 13.

I intend to reside in said one-family, two-family, or three family dwelling for at least one year.

AFFIANT

ADDRESS

CITY, STATE, ZIP CODE

PHONE

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS _____ DAY OF

_____, _____
YEAR

NOTARY PUBLIC

MY COMMISSION EXPIRES