



Franklin County Public Health
 280 East Broad Street
 Columbus, Ohio 43215-4562
 (614) 525-3160
 www.myfcph.org

HOMEOWNER'S AFFIDAVIT

Plumbing Program

By signing this Affidavit I do hereby swear and/or affirm that I am the legal owner and resident of the single family dwelling located at the address below. I am making application for a plumbing permit and, if granted, I will perform all the work with my own hands and shall hold no other person/company liable for any work that is performed under said permit. I also understand that I am subject to all applicable laws, rules and regulations that shall pertain to the work I am requesting a permit for. This permit will be revoked if it is found that:

1. Work is being done by others.
2. Work does not meet code and is found to be a potential hazard.

Name		Phone Number
Address		
City	State	Postal Code

Signature of the Applicant	Date
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Sworn to and subscribed in my presence this ____ day of _____, 20____.

 Notary Public