



**City of Cincinnati
Buildings and Inspections Department
Plumbing Inspections Division**

805 Central Avenue, Suite 500
Cincinnati, Ohio 45202
P: (513)352-3271, option 6

Plumbing Contractor Transfer Form

Date: _____

Project Address: _____ **Plumbing Permit#** _____

To Whom it May Concern:

This is to advise you that as of this date _____, The Registered Ohio Plumbing Contractor responsible for the plumbing operations at the above referenced address and permit number has been transferred:

From: _____ **SLP#** _____
(Former Contractor Name) (City Contractor Registration #)

To: _____ **SLP#** _____
(New Contractor Name) (City Contractor Registration #)

(Address) (City) (State) (Zip Code)

Phone: _____

(Signature - New Registered Plumbing Contractor)

(Date)

(Signature - Property Owner/Agent)

(Date)

Please note that there is a \$78.75 fee (75.00 + 3% technology surcharge, 1 % financial recovery surcharge & 1% training surcharge) that must accompany this application