

PUBLIC HEALTH 181 S. Main St., Marion, OH 43302 | (740) 387-6520 | www.marionpublichealth.org

## **AFFIDAVIT**

, OF	
Ohio, being first duly sworn, depose and say that I am the ow	ner of the single family dwelling located, or
peing constructed, or proposed at	, Ohio,
and I am occupying or will occupy the same and that all the pl	umbing work proposed to be installed at this
ocation will be done by me personally according to the Ohio S	State Plumbing Code and the Marion Public
Health District's Plumbing Regulation. I WILL CALL FOR INS	PECTIONS AT THE REQUIRED STAGES of
construction before any work is covered over with earth, conc	ete, or drywall, etc. A FINAL INSPECTION
AND AIR TEST performed by me IS REQUIRED PRIOR TO (	OCCUPANCY of the dwelling or addition.
	Owner
Subscribed and sworn before me thisday of_	, 20
	Notary Public
MY COMMISSION EX	PIRES

State of Ohio

Marion Public Health

Plumbing Inspection