

# PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

705 Oakwood Street  
Suite 208  
Ravenna, Ohio 44266

Phone: 330-296-9919  
Fax: 330-297-3597  
E-mail: pchd@portageco.com



**Joseph J. Diorio, MPH, MS, RS**  
Health Commissioner

Web: [www.co.portage.oh.us/dept/healthdepartment](http://www.co.portage.oh.us/dept/healthdepartment)

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 residential building 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 residential building for at least one year.

**AFFIANT SIGNATURE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP CODE** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS** \_\_\_\_\_  
**DAY OF** \_\_\_\_\_, \_\_\_\_\_  
**YEAR**

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
**MY COMMISSION EXPIRES**