



# Public Health - Dayton & Montgomery County



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## AFFIDAVIT

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STATE OF OHIO                    )  
COUNTY OF MONTGOMERY       ) SS:

The undersigned hereby certifies that he/she has personal knowledge of the statements and facts in the following paragraphs and that the statements contained therein are true and accurate to the best of his/her knowledge.

1. I, \_\_\_\_\_ of \_\_\_\_\_, Ohio say that I am the owner of the single family dwelling located at or being constructed at \_\_\_\_\_ and I am occupying or will immediately occupy the same and that all the plumbing work proposed to be installed at this location will be done by me personally according to all applicable standards and that I will call for inspections at the required stages of construction.
  
2. Upon signing this affidavit, I further affirm that I understand that the homeowner's permit authorized by law and issued as the result of this application is valid for only six (6) months from the date of issuance, that only two (2) ninety (90) day extensions may be granted and these extensions must be requested in writing to this office. I further understand that there is an additional eleven (\$11.00) dollar fee per fixture or device installed after the permit is purchased. Should additional inspections be required beyond those authorized in the fee schedule, a thirty-five (\$35.00) dollar re-inspection fee shall be charged for each inspection.
  
3. I further affirm that I understand that any permit shall become invalid if the authorized work remains uninitiated, or is suspended, postponed, or abandoned within the original six (6) month period or either of the two (2) 90-day periods.

Further Affiant Sayeth Naught.

\_\_\_\_\_

*Homeowner*

Before me, a Notary Public in and for said State and County, personally appeared \_\_\_\_\_, who first being duly cautioned and sworn according to law, states that the foregoing Affidavit is true to the best of his/her own personal knowledge and belief.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_.

\_\_\_\_\_

Notary Public



# APPLICATION FOR IRRIGATION BACKFLOW DEVICE PERMIT

PERMIT # \_\_\_\_\_

FEE \_\_\_\_\_

DATE \_\_\_\_\_

**Public Health - Dayton & Montgomery County**  
**Division of Plumbing**  
**117 South Main St.**  
**Dayton, Ohio 45422**  
**937-225-4421(phone) 937-496-3072(fax)**

**Expires 6 Months from Date of Issue**

Application is hereby made for a permit to install plumbing as described in this application and to be installed in accordance with Ohio Plumbing Code Chapters of the Ohio Administrative Code Chapters 4101:3-1 to 4101:3-13  
 Contact your local building regulations department for requirements or questions about gas piping, flue and electrical wiring; PHDMC has no responsibility in these areas.

**\*\*Make Checks payable to Public Health – Dayton & Montgomery County\*\***

Municipality or Township \_\_\_\_\_

Parcel ID# \_\_\_\_\_

Tap Fee Receipt# \_\_\_\_\_

Location/Street Name \_\_\_\_\_ Lot # \_\_\_\_\_

Owner \_\_\_\_\_

Owner's Address \_\_\_\_\_

Homeowner phone # \_\_\_\_\_

Building is:    New        Existing                    Water supply is:    Private        Public

House drain empties into:    Sewer        Septic    Auth # \_\_\_\_\_

Building used as \_\_\_\_\_

Installation is:    New        Repair        Replacement

Indicate # of units/dwellings \_\_\_\_\_

Applicant or Company Name \_\_\_\_\_

**Authorized Signature Required** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(NOTORIZED AFFIDAVIT REQUIRED FOR HOMEOWNER PERMIT)

**\*\*NOTE\*\***

**Plumbing Contractor Is Responsible For Securing  
Appointment For Inspection Of Completed Work**

<p><b>PERMIT DEVICE</b> (Enter number of devices)</p> <p style="text-align: center;"><b>IRRIGATION BACKFLOW DEVICE</b></p>	
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