

Bureau of Plumbing and Gasfitting Inspections

REQUEST TO TRANSFER PLUMBING / GAS PERMIT To be completed by License Holder ONLY

Date of Request:	Permit Number:
Property Address:	
License Holder Name:	
License Number:	
Brief description of the reason to transfer the permit:	
Brief description of permitted work already cor	nnleted
Brief description of permitted work to be completed on this permit:	
bher description of permitted work to be completed on this permit.	
Provide the Name and License number of the n	·
License Number:	
New Permit Application #:	
Documents to be submitted with this form:	
 A copy of the notice of transfer to the a company email, and must signed and 	e property owner must be on business letterhead or from d submitted with this form.
	se holder must be on business letterhead stating that
	w work to be completed under the new permit.
I am requesting transfer of the Plumbing Permit writing of my intent to transfer this permit.	t identified above. I have notified the property owner in
	(Print Name)
Licensee's Name	_ 、 ,
	(Signature)
Licensee's Signature	
-	_ (Print)

Licensee's email address

This form and supporting documents can be sent via email to: <u>paiplumbinginspections@baltimorecountymd.gov</u> or via postal mail to: Plumbing and Gasfitting Inspections, County Office Building, 111 West Chesapeake Avenue, Room G24, Towson Maryland 21204