



Public Health
Prevent. Promote. Protect.

Clinton County Health District

CLINTON COUNTY HEALTH DISTRICT

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Sign Off Form

Name of Operation: _____

Operation Address: _____

Operation Phone #: _____

Owner/Operator's Name: _____

Address: _____

Owner/Operator's Phone #: _____

APPROVALS

The facility has passed the final building inspection.

Building: _____
Inspector Date

The facility has passed the final electrical inspection.

Electrical: _____
Inspector Date

The facility has passed the final fire inspection.

Fire: _____
Inspector Date

The facility has passed the final plumbing inspection.

Plumbing: _____
Inspector Date

The facility has passed the final zoning inspection.

Zoning: _____
Inspector Date