

HOME SEWAGE TREATMENT SYSTEM APPLICATION

APPLICANT: _____ PHONE _____

MAILING ADDRESS: _____

PROPERTY OWNER: _____

HOUSEHOLD SEWAGE DISPOSAL PERMIT REQUESTED AT: _____

TOWNSHIP: _____ SECTION: _____ ROAD: _____

CITY: _____ LOT SIZE: _____ WIDTH: _____

DEPTH: _____ ACRE: _____ PARCEL # _____

TYPE OF DWELLING

ONE, TWO, THREE FAMILY (CIRCLE ONE) DWELLING _____

NUMBER OF BEDROOMS: _____ WATER SUPPLY: _____ PUBLIC _____

PRIVATE: WELL _____ HAULED TANK _____ CISTERN _____

DIRECTION AND DISTANCE OF PROPERTY FROM NEAREST CROSSROAD: _____

DO YOU HAVE A RECORDED DEED TO PROPERTY: YES _____ NO _____ TRANSFER PENDING _____

Sewage System Contractor	Registration No.	Phone
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I/We, the undersigned hereby agree to install, construct, develop or alter the sewage system named in this permit application in accordance with the attached site and soil evaluation and layout plan or design plan.

I/We also understand that the issuance of this permit is conditioned upon the right to the departments to enter upon the premises of the sewage system named in this permit at any reasonable time prior to, during, or after completion of the work specified in this permit for the purpose of determining compliance with Chapter 3701-29 of the Ohio Administrative Code.

Owner/Applicant signature	Date
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FOR OFFICE USE ONLY

DATE SUBMITTED: _____

APPLICATION RECEIPT #: _____

New _____ Replacement _____ Alteration _____

APPROVED: _____ CONDITIONAL: _____ DISAPPROVED: _____ SANITARIAN: _____

SYSTEM SPECS: _____

NOTES: _____

Do Not Write Below This Line

Permit approved by (Registered sanitarian signature required)	Date (Permit expires 1 year from this date)
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Variance requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
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Drainage <input type="checkbox"/> Yes <input type="checkbox"/> No	Review Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Drainage System <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
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