

**PERMIT RENEWAL APPLICATION**

A renewed permit expires **1 year from date of issuance and cannot be renewed again.** The Installation Permit is valid solely for the person to whom it was issued. If the property ownership changes, the permit can be re-issued to the new owner by means of an installation permit renewal. Any new development plans and resulting sewage system design changes can, with Environmental Health Staff approval, be incorporated at the time of permit renewal.

**Please be advised that the Environmental Health Staff is not obligated to renew a Permit in the event of:**

- 1) Significant changes in site development plans for which the Permit was initially issued.
- 2) Discovery of false, incomplete or misleading information presented in the initial application for the Permit.
- 3) Establishment, of new regulations governing, or related to, on-site sewage disposal systems.

**REQUESTED BY:**

Name: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**SITE:**

**Assessor's Parcel Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Parcel Size: \_\_\_\_\_  
 Directions to site: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**STRUCTURE** (check all that apply):

- Proposed OR  Existing  
 On-site construction OR  Manufactured  
 Single OR  Multiple family dwelling  
 Other: \_\_\_\_\_  
 Number of bedrooms (per dwelling unit): \_\_\_\_\_  
 Number of (intended) permanent occupants: \_\_\_\_\_

**DRINKING WATER SUPPLY**

- Public Group A  
 Name of system: \_\_\_\_\_  
 Public Group B  
 Name of system: \_\_\_\_\_  
 Private well  
 Shared well  
 Cistern

**PERMIT APPLIED FOR:**

- New  
 Repair/Alteration  
 Redesign  
 Tank Placement

**TYPE OF SYSTEM**

- Conventional  
 Pressure  
 Alternative  
 Commercial

**PREFERRED NOTIFICATION METHOD**

- Pick up (Public Health front desk)  
 Mail  
 E-Mail  
 No copy requested at this time

**SEPTIC TANK**

(Must be from State approved list)

- New  
 Existing  
 Gallons: \_\_\_\_\_

**PUMP CHAMBER**

- New  
 Existing  
 Gallons: \_\_\_\_\_

**DRAIN FIELD CALCULATIONS:**

Gallons per day: \_\_\_\_\_ GPD  
 Application Rate: \_\_\_\_\_ Gals/Sq.Ft./Day  
 Reduction Factor: \_\_\_\_\_ %  
 Drain Field Area: \_\_\_\_\_ Sq.Ft.  
 Reserve DF Area: \_\_\_\_\_ Sq.Ft.

**Designer Stamp Here**

**DESIGNER'S NAME:** \_\_\_\_\_

**INSTALLER'S NAME:** \_\_\_\_\_

Application Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Approval to Issue Permit: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_ Receipt \_\_\_\_\_

