



ON# \_\_\_\_\_

### USE PERMIT APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS)

**IMPORTANT NOTE: All items listed below MUST be completed and submitted at the same time:**

- Tri-County Health Department Use Permit Application form AND Application fee.
- Tri-County Health Department Inspection Report completed by a CERTIFIED inspector (an inspection report completed by an uncertified inspector will NOT be accepted). If multiple OWTS systems serve the property, then a separate inspection report and fee for each OWTS system must be submitted.
- Copy of the most recent septic tank pumper’s receipt (if available).
- If the OWTS system needs to be repaired then a Minor or Major Repair Permit Fee may be applicable.

**Completion of All Fields is Required**

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

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

Applicant Phone: \_\_\_\_\_ Email \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of property for which Use Permit is requested:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Number of Bedrooms (existing): \_\_\_\_\_

Is more than one building connected to the one OWTS system?  Yes  No

Are multiple OWTS serving the property?  Yes  No (Complete a separate inspection form and fee for each OWTS)

Reason for Use Permit (Check One):  Sale  Bedrooms Added (# Added \_\_\_\_\_)

Change in Use (Commercial or Business)  Addition of Mobile Home

Other (explain): \_\_\_\_\_

**Use Permit Inspector**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

National Association of Wastewater Technicians (NAWT) Certification Number: \_\_\_\_\_