



OWS _____

APPLICATION FOR AN ONSITE WASTEWATER TREATMENT SYSTEM PERMIT
(Please print or type information)

****PLEASE INCLUDE SITE PLAN WITH APPLICATION****

PROPERTY TAX SCHEDULE NO.: _____

LOT(S) _____ BLOCK _____ FIL _____ TRACT _____ SUBDIVISION _____

IF METES & BOUNDS LEGAL DESCRIPTION: SECTION _____ TOWNSHIP _____ RANGE _____

STREET ADDRESS: _____ SUMMIT COUNTY ROAD NO.: _____

IS THIS PROPERTY BACK COUNTRY (BC) ZONED? _____ YES _____ NO

DOES THIS PROPERTY HAVE A DISTURBANCE ENVELOPE? _____ YES _____ NO
(If YES, please indicate location on site plan)

*****PLEASE INCLUDE DIRECTIONS TO SITE ON BACK OF THIS PAGE*****

PROPERTY OWNER: _____ PHONE (____) _____

MAILING ADDRESS: _____ EMAIL _____

APPLICANT (OWNER'S AGENT): _____ PHONE (____) _____

MAILING ADDRESS: _____ EMAIL _____

LOT SIZE: _____ ACRE(S)

STRUCTURE TYPE: COMMERCIAL _____ OR RESIDENTIAL _____

IN SEWER DISTRICT OR WITHIN 400 FT OF SEWER? _____ Y _____ N

WATER SUPPLY: PRIVATE (WELL) _____ OR PUBLIC _____

CLOTHES WASHER _____ DISHWASHER _____ GARBAGE DISPOSAL _____ HOT TUB _____

TOTAL NO. OF BEDROOMS PLANNED (INCLUDE ANY FUTURE BEDROOMS): _____

APPROPRIATE FEES MUST BE PAID TO THE SUMMIT COUNTY PUBLIC HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH PRIOR TO ARRANGING THE INITIAL SITE INSPECTION(S). THE SITE INSPECTION DOES NOT GUARANTEE THE ISSUANCE OF A PERMIT. THE PERMIT FEE MUST BE PAID TO THE DEPARTMENT PRIOR TO PERMIT ISSUANCE. THE PERMIT ISSUANCE IS BASED ON THE ABOVE INFORMATION, THE ILLUSTRATED SITE PLAN AND ALL OTHER INFORMATION AS SUBMITTED AND APPROVED BY THE DEPARTMENT. THE ONSITE WASTEWATER TREATMENT SYSTEM PERMIT MUST BE ISSUED BEFORE A BUILDING PERMIT CAN BE OBTAINED. PLEASE CONTACT ENVIRONMENTAL HEALTH IF YOU HAVE QUESTIONS OR REQUIRE ASSISTANCE.

APPLICATION FOR AN ONSITE WASTEWATER TREATMENT SYSTEM PERMIT IS HEREBY SUBMITTED. THE UNDERSIGNED ACKNOWLEDGES THAT THE ABOVE INFORMATION IS TRUE AND THAT FALSE INFORMATION WILL INVALIDATE THE APPLICATION AND ANY SUBSEQUENT PERMIT. THIS APPLICATION IS VALID FOR ONE (1) YEAR.

SIGNATURE OF APPLICANT _____ DATE _____

Environmental Health Officer Approval for Permit _____ **Date** _____

Date Permit Issued _____

Environmental Health Officer Final Approval _____ **Date** _____

FILE NO.: _____

SITE PLAN

LOT(S) _____ BLOCK _____ FIL _____ TRACT _____ SUBDIVISION _____

IF METES & BOUNDS LEGAL DESCRIPTION: SECTION _____ TOWNSHIP _____ RANGE _____

ANY REVISIONS TO THE SITE PLAN AS SUBMITTED AND APPROVED REQUIRES A REVISED SITE PLAN TO BE SUBMITTED AND APPROVED PRIOR TO CONSTRUCTION.

*****PLEASE INCLUDE DIRECTIONS TO SITE HERE*****