



ACTIVITY/PERMIT NO. S-\_\_\_\_\_

SUMMIT COUNTY PUBLIC HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH

APPLICATION FOR AN ONSITE WASTEWATER 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 O F THIS PAGE\*\*\***

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PROPERTY OWNER: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ EMAIL \_\_\_\_\_

APPLICANT (OWNER'S AGENT): \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ EMAIL \_\_\_\_\_

LOT SIZE: \_\_\_\_\_ ACRE(S)

STRUCTURE TYPE: COMMERCIAL \_\_\_\_\_ OR RESIDENTIAL \_\_\_\_\_

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 PLOT PLAN AND ALL OTHER INFORMATION AS SUBMITTED AND APPROVED BY THE DEPARTMENT. THE INDIVIDUAL SEWAGE DISPOSAL 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 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 \_\_\_\_\_

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Environmental Health Officer Approval for Permit \_\_\_\_\_ Date \_\_\_\_\_

Date Permit Issued \_\_\_\_\_

Environmental Health Officer Final Approval \_\_\_\_\_ Date \_\_\_\_\_

FILE NO.: \_\_\_\_\_

**PLOT PLAN**

LOT(S) \_\_\_\_\_ BLOCK \_\_\_\_\_ FIL \_\_\_\_\_ TRACT \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

IF METES & BOUNDS LEGAL DESCRIPTION: SECTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_

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

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