

**APPLICATION FOR SEWAGE SYSTEM PERMIT**

Permit No. \_\_\_\_\_ Date Issued \_\_\_\_\_

Township \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Location Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Plumbing Permit No. & Date \_\_\_\_\_

Directions \_\_\_\_\_

Owner Name \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

BUILDING: NEW \_\_\_\_\_ REAL ESTATE \_\_\_\_\_ ADDITION \_\_\_\_\_

Permit fees for any installation and/or alteration of an existing system are as follows:

**HOUSEHOLD SEWAGE TREATMENT SYSTEM**

Installation or replacement of a HSTS \_\_\_\_\_ \$674.00 includes \$74 State fee

Alteration \_\_\_\_\_ \$335.00 includes \$35 State fee

Septic Permits are valid for one year from date of issue.

I certify that this household sewage treatment system shall be installed only by a registered installer of the Trumbull County Health Department and that all work shall be done in accordance with all state EPA and local health requirements. Septic must not be covered until inspected and approved. ONCE A SITE HAS BEEN EVALUATED (STAKING INSPECTION) AND APPROVED FOR INSTALLATION, SAID SITE SHALL NOT BE RELOCATED UNLESS PRIOR APPROVAL IS GRANTED BY THIS AGENCY.

Owner's Signature \_\_\_\_\_

Owner's Phone No. \_\_\_\_\_

Installer's Name (Printed) \_\_\_\_\_ Phone # \_\_\_\_\_

Installer's Signature \_\_\_\_\_

**FORMS REQUIRED: RECEIVED**

- Permanent Address
- Recorded Deed
- O&M Affidavit
- Auditor's Record Card
- Permission to Discharge
- System Record Card

**DATES OF SERVICE and Sanitarian's Signature**

Site/Lot Evaluation \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Staking Inspection \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Design \_\_\_/\_\_\_/\_\_\_ Expires \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Other Inspection \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Final Inspection \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

NOTES: For Health Dept. Use Only

Number of Bedrooms \_\_\_\_\_

Jacuzzi No. & Size \_\_\_\_\_

Hot Tubs No. & Size \_\_\_\_\_