**SEWAGE TREATMENT SYSTEM (STS) PERMIT APPLICATION**

Site Review ($75) \_\_\_\_ System Design ($120) \_\_\_\_ Operation and Maintenance ($50) \_\_\_\_

New/Replacement Installation ($474) \_\_\_\_ Alteration ($435) \_\_\_\_ System Abandonment ($50) \_\_\_\_

Septic/Holding Tank Only ($135) \_\_\_\_

System Type: HSTS \_\_\_\_ SFOSTS \_\_\_\_ GWRS \_\_\_\_

Household Sewage Treatment System (HSTS for a 1, 2, or 3 family dwelling)

Small Flow On-site Sewage Treatment System (SFOSTS for not an HSTS but still less than 1,000 gpd)

Gray Water Recycling System (GWRS)

New \_\_\_\_ Replacement \_\_\_\_ Alteration \_\_\_\_ Number of Bedrooms \_\_\_\_ Est. Cost of System \_\_\_\_\_\_\_\_\_\_\_

Property Owner (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

System Address/Directions to Property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Township \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Email **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*It is the joint responsibility of the property owner and backhoe operator to contact the* ***Ohio Utilities Protection Service*** *by calling 811 or 1-800-362-2764 at least two (2) working days prior to any digging.*

**Property Owner or Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**