

SEPTIC SYSTEM PERMIT EXTENSION APPLICATION

Date _____ Contractor _____

Name _____

Address _____

City _____ State _____ Zip Code _____

I am requesting an extension on the expiration date of on-site wastewater disposal system permit number _____ for _____

_____ (property address). The extension is requested for the following reason(s). (Please explain)

I understand that, upon the discretion of the health department the maximum extension that may be granted is sixty (60) days, after which time the permit and its provisions shall become void. I understand further, that I will be charged for a new permit and that provision of a new permit may change due to revisions in state and locals codes.

Owner's Signature _____ Date _____

FOR OFFICIAL USE ONLY

EXPIRATION DATE _____

INSPECTOR _____ DATE _____

REVIEWED BY _____ DATE _____