

DEPARTMENT OF HEALTH

ANTHONY J. BILLITTIER IV, M.D., FACEP COMMISSIONER OF HEALTH

#### Instructions for an Application for a Permit to Construct or Alter a Sewage Disposal or Treatment System.

A fee of \$300.00 is required with your completed application. Make check payable to: **Erie County Commissioner of Finance.** 

#### **Please remember:**

Do not send cash through the mail.

Health Department Personnel are under strict orders not to accept cash payments from anyone, for any purpose.

Make check or money order payable to Erie County Commissioner of Finance.

Send completed, signed application and payment to:

Erie County Health Department 95 Franklin Street - Room 906 Buffalo, New York 14202

Please see percolation test instructions on previous page side. Should you have any questions, please call the appropriate telephone number on the Environmental Health home page.

## ERIE COUNTY DEPARTMENT OF HEALTH ENVIRONMENTAL HEALTH SERVICES

# APPLICATION FOR A PERMIT TO CONSTRUCT OR ALTER A SEWAGE TREATMENT SYSTEM

FOR NEW BUILDS, WE REQUIRE A COPY OF THE LAND SURVEY OF THE BUILDING LOT FOR WHICH THIS APPLICATION IS BEING SUBMITTED. THE SURVEY MUST CONTAIN: EXISTING BUILDING LOCATIONS WITH APPROXIMATE DIMENSIONS, FLOOD PLAINS, EASEMENTS, SETBACKS, WETLANDS, STREAMS, WATER WELLS, ROADS, AND ANY UNUSUAL TOPOGRAPHICAL FEATURES.

STREET ADDRESS		
OF BUILDING LOTTOWN	NZIP	
<ul> <li>New Construction (New House)</li> <li>Violation (Correcting a documented violation (Replacing existing system)</li> </ul>		
Name of Owner	Phone	
Address of Owner	TownZip	
Type of Building Residential	Commercial	
Number of Bedrooms	Size of Lot	

Enclose a check or money order, payable to the Erie County Commissioner of Finance for \$300.00 in payment for this requested permit.

### PLEASE COMPLETE AND RETURN TO:

Erie County Health Department 95 Franklin Street - Room 906 Buffalo, New York 14202

I agree to construct and locate my water supply and sewage disposal system to meet the standards, rules and regulations of the Erie County Department of Health.

Signature of Owner

Date