ERIE COUNTY DEPARTMENT OF HEALTH ENVIRONMENTAL HEALTH SERVICES

UNOCCUPIED HOME OR COMMERCIAL PROPERTY <u>APPLICATION</u> FOR A PROPERTY TRANSFER <u>EXCEPTION</u>

Property Tra	ansfer Address		
City, Town,	Village of Property		
Purchaser's	Name		
Purchaser's	Current Address		
City, Town, Village		Phone #	
WITHIN THIE PERMIT) AFT OF THE WAT COUNTY HEA THE SANITAL	RTY (30) TO SEVENTY-FIVE (75) DAY FER OUR OCCUPANCY OF THE PRE FER SUPPLY AND/OR SEWAGE DISP ALTH DEPARTMENT. RY CODE OF ERIE COUNTY REQUI	RIVATE SEWAGE AND/OR WATER WELL YS (OR LONGER IF WEATHER DOES NOT MISES, AND TO CORRECT ANY DEFICIENC OSAL SYSTEM AS REQUIRED BY THE ERIE RES THE HEALTH DEPARTMENT BE GIVEN OF THE SEWAGE AND/OR WELL FACILIT	E N
	Purchaser's Signature	Date	
	Purchaser's Signature PLEASE COMPLET	Date E AND RETURN TO:	
	95 Franklin	alth Department St., Rm. 931 York 14202	
Approved by:		Date:	

Rev 5/08