

**ORANGE COUNTY HEALTH DEPARTMENT
APPLICATION FOR ONSITE SEWAGE SYSTEM PERMIT**

OWNER'S NAME _____

DATE OF APPLICATION _____ PHONE NUMBER _____

APPLICANT'S ADDRESS _____

PARCEL NUMBER _____

CLOSEST ADDRESS _____

EMAIL ADDRESS _____

Do you need a 911 address (Please fill out request form): YES _____ NO _____

Residential _____ Commercial _____

Is this new construction? _____ \$100 Is this a replacement of a failed system? _____ \$50

Is this an addition to an existing system? _____ \$50

Number of bedrooms in residence/or gallons per day water usage for commercial? _____

Garbage Disposal? _____

Water Softener discharge? Yes No Sewage Grinder Pump? Yes No

How many jetted tubs exceeding 125-gallon capacity? _____

Type of water supply:

Public (Company Name): _____ Well: _____ Cistern: _____

Do you need a copy of the permit sent to water company: YES _____ NO _____

I HEREBY, CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION ON THIS APPLICATION IS CORRECT.

Signature of applicant

Date

Receipt Number

NOTE: THE SEWAGE DISPOSAL FACILITIES FOR A PROPERTY MUST BE INSTALLED AS OUTLINED ON THE SYSTEM REQUIREMENTS AND IN ACCORDANCE WITH 410 IAC 6-8.3 AND THE ORANGE COUNTY SEWAGE DISPOSAL ORDINANCE NO. 2012-3. THE ISSUANCE OF A PERMIT DOES NOT CONSTITUTE ASSUPMPTION BY THE ORANGE COUNTY HEALTH DEPARTMENT OR ITS EMPLOYEES OF LIABILITY FOR THE IMPROPER INSTALLATION OR FAILURE OF ANY SEWAGE DISPOSAL SYSTEM.