

## ONSITE SEWAGE PERMIT APPLICATION

Onsite Sewage Disposal Systems

Submittal Date	Memo Number	Review Fee

Please see the Environmental Health Fee Schedule for current fees.

BUILDING SITE ADDRESS
Street Address
City
Assessor's Account Number

OWNER OR APPLICANT INFORMATION		
First Name	Last Name	Contact Phone
Mailing Street Address		
Mail City	Mail State	Mail Zip/Postal

PERMIT INFORMATION			
<b>Permit Type:</b> <input type="checkbox"/> New <input type="checkbox"/> Alteration/Repair Alt <input type="checkbox"/> Repair <input type="checkbox"/> Component <input type="checkbox"/> Tank(s) Only <input type="checkbox"/> Remediation <input type="checkbox"/> Connection Only <input type="checkbox"/> Curtain Drain	<b>System Type:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Alternative <input type="checkbox"/> Holding Tank	<b>Use Type:</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Community <input type="checkbox"/> Commercial  <b>Other Details:</b> BSA/BC Memo #: _____  Building Permit #: _____	<b>Capacity:</b> Number of Units: _____  Number of Bedrooms: _____  Daily Design Flow (GPD): _____

DESIGNER RELEASE AND ACKNOWLEDGMENT			
<b>Designer/Engineer Release Section</b> (Required for New, Alteration/Repair, Repair and Remediation Applications)			
I certify that the property site and soil conditions are conducive and suitable to install the onsite sewage system pursuant to the approved plan and Kitsap County Board of Health Ordinance 2008A-01.			
Comments or Conditions			
Designer/Engineer Name	Signature	Release Date	Contact Number

INSTALLER ACKNOWLEDGMENT SECTION			
I agree to adhere and conform to the requirements of Kitsap County Board of Health Ordinance 2008A-01, follow and abide by the approved Building Site application or plan for the construction of this system, and / or any specified instructions from the Designer.			
Comments			
Name/Company	Signature	Date	Contact Number