

ONSITE SEWAGE PERMIT APPLICATION

Onsite Sewage Disposal Systems

Submittal Date	Memo Number	Review Fee	S.S.I.

BUILDING SITE ADDRESS
Street Address
City
Tax Parcel Number

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

PERMIT INFORMATION			
Permit Type: <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	System Type: <input type="checkbox"/> Standard <input type="checkbox"/> Alternative <input type="checkbox"/> Holding Tank	Use Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Community <input type="checkbox"/> Commercial Other Details: BSA/BC Memo #: _____ Building Permit #: _____	Capacity: Number of Units: _____ Number of Bedrooms: _____ Daily Design Flow (GPD): _____

RELEASE AND ACKNOWLEDGMENT

Designer/Engineer Release Section (Required for New, Alteration/Repair, and Repair 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

Certified Installer Name	Certified Installer Company		
Certified Installer Signature	Date	Contact Number	