

WARREN TOWNSHIP BOARD OF HEALTH

APPLICATION FOR PERMIT TO INSTALL A NEW INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

Date: _____

1. Name and address of owner: _____
Name (please print)

_____ Phone #: _____
Address (please print)

2. Address of Property _____

3. Block _____ Lot(s) _____

4. Name & Address of Septic Contractor: _____
Name (please print)

_____ Phone #: _____
Address (please print)

5. System designed for service of : **(Please check one)**

_____ Single Family Dwelling _____ Industrial Property

_____ Commercial Property _____ Other

6. System will be installed as per subsurface sewage disposal system design currently

on file with the Warren Board of Health, submitted by: _____
(Engineer's Name)

_____, which was approved by the Health

Officer or his designee on _____.

All work subject to inspection and approval by the Health Officer or his designee.

All re-inspections caused by the failure of the applicant to locate or construct the system in accordance with the terms of the permit issued will require a re-inspection fee.

Signature of Applicant or Contractor

Fee: Plan/Design Review: _____
Re- review Fee: _____
Board Application Fee: _____
Re-inspection Fee: _____
Received by/Date: _____
Check #/Cash _____
Receipt #: _____