

# 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 #: \_\_\_\_\_