

ERIE COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SERVICES

APPLICATION FOR A CONSTRUCTION PERMIT FOR AN
ONSITE WASTEWATER TREATMENT SYSTEM FOR EXISTING RESIDENTIAL
LOTS

A COPY OF THE LAND SURVEY OF THE BUILDING LOT FOR WHICH THIS APPLICATION IS BEING SUBMITTED IS REQUIRED. THE SURVEY OR SITE PLAN MUST INCLUDE: EXISTING BUILDING LOCATIONS WITH APPROXIMATE DIMENSIONS, PROPOSED STRUCTURES INCLUDING POOLS, EASEMENTS, STREAMS, WATER WELLS, ROADS, ANY UNUSUAL TOPOGRAPHICAL FEATURES AND IF AVAILABLE FLOOD PLAINS, SETBACKS, AND WETLANDS.

Street Address _____
Town _____ Zip _____

- Violation (Correcting a documented violation)
 Replacement (of existing system)
 Addition (Add on to existing system)

Name of Owner _____ Phone _____
Address of Owner _____ Town _____ Zip _____
Email address _____ Fax# (if available) _____

Number of Bedrooms _____ Size of Lot (Sq. Ft.) _____
Type of Water Supply: Public _____ Private (well, spring, etc.) _____

Enclose a check or money order, payable to the Erie County Department of Health for \$300.00 in payment for this requested permit.

PLEASE COMPLETE AND RETURN TO:
Erie County Department of Health
503 Kensington Ave
Buffalo, New York 14214

**Please call the Department at 961-6800 approximately one week after submittal of this application to set up an appointment for a site visit. For additional information please visit www.erie.gov/health

I agree to construct and locate my water supply and onsite wastewater treatment system to meet the standards, rules and regulations of the Erie County Department of Health.

Signature of Owner

Date

Print Name of Owner