

**ERIE COUNTY DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH SERVICES**

**APPLICATION FOR A CONSTRUCTION PERMIT FOR AN ONSITE  
WASTEWATER TREATMENT SYSTEM FOR RESIDENTIAL OR COMMERCIAL  
LOTS PREPARED BY A DESIGN PROFESSIONAL**

Address of property \_\_\_\_\_ Zip Code \_\_\_\_\_  
Town \_\_\_\_\_ S.B.L. # of property \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Design Professional \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Property Use:  Commercial Specify: \_\_\_\_\_  
 New Construction  Repair/Replacement/Alteration

Residential # Bedrooms: \_\_\_\_\_  
 New Construction  Repair/Replacement/Alteration

Water:  Public  Private Well

Daily flow rate: \_\_\_\_\_ Type of System: \_\_\_\_\_

Please submit with this application an engineer's report, one copy of design plans that include a property survey and plan that shows all wetlands, streams, roads, easements, setbacks, flood plains, topographic data, existing and proposed structures, pools, wells, septic systems, site location map, and etc.

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

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

\*Please note that plans will not be reviewed unless all required items, the application and review fee have been received.\*