

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

**APPLICATION FOR A PERMIT TO
CONSTRUCT OR ALTER A PRIVATE SEWAGE TREATMENT
SYSTEM FOR 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 of Building Lot _____ Town _____
Zip _____ S.B.L # of Building Lot _____

- New Construction (New House)
 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.) _____

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 Health Department
95 Franklin Street - Room 906
Buffalo, New York 14202**

**Please call the Department at 858-7677 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 sewage disposal system to meet the standards, rules and regulations of the Erie County Department of Health.

Signature of Owner

Date

*Please note, any application received without a land survey or site map including all necessary information or without the required fee will be returned to the property owner for resubmittal with all required components.