

**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 Commissioner of Finance 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](http://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