

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

**APPLICATION FOR A PERMIT TO CONSTRUCT OR ALTER A PRIVATE  
SEWAGE TREATMENT SYSTEM FOR COMMERCIAL LOTS OR  
PROFESSIONALLY DESIGNED RESIDENTIAL LOTS**

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

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

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

Town \_\_\_\_\_ Zip \_\_\_\_\_ Fax # (if available) \_\_\_\_\_

Email \_\_\_\_\_

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

Design Engineer \_\_\_\_\_ Phone # \_\_\_\_\_

Engineer Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Property Use:  Commercial Specify: \_\_\_\_\_  
 Residential # Bedrooms: \_\_\_\_\_

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

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