



Toledo-Lucas County Health Department
635 N Erie Street
Toledo, Ohio 43604
Phone: 419-213-4100 ext. 4
Fax: 419-213-4141
Website: www.lucascountyhealth.com

APPLICATION FOR SEWAGE TREATMENT SYSTEM INSTALLATION, REPLACEMENT PERMIT

PROPERTY INFORMATION

| | | |
|---|------|---|
| Owner/Applicant | | Township (of property) |
| Mailing Address | City | Zip Code |
| Email | | Phone # |
| Property Address | | Zip Code |
| Parcel Number, if known | | Water Supply (city, well, other) |
| <input type="checkbox"/> Single Family <input type="checkbox"/> Multiple Family <input type="checkbox"/> SFOSTS Other _____ | | Number of Bedrooms: _____ Basement: Yes No |

PERMIT TYPE REQUESTED (Check all that apply) FEE:

Household Sewage Treatment System

| | |
|---|--|
| <input type="checkbox"/> New Installation | \$774.00 (\$460 License Fee+\$74 State Fee+\$240 O&M Fee) |
| <input type="checkbox"/> Replacement..... | \$774.00 (\$460 License Fee +\$74 State Fee+ \$240 O&M Fee \$534.00 (If already submitting O&M Fee) |

(The abandonment permit is included for an existing system, that is being pulled for a replacement.)

INSTALLER INFORMATION

| | |
|----------------|---------|
| Name | Email |
| Registration # | Phone # |

ADDITIONAL INFORMATION

- 1) Application shall be filled out completely and applicant/owner must be able to substantiate all data.
- 2) A permit will not be granted unless the sewage treatment installation can conform to the rules of the Ohio Department of Health governing such installation (Ohio Administrative Code 3701-29).
- 3) Must have approved Design and Site approval prior to making application for installation permit (Design and Site Reviews are valid for five (5) years from date of approval).
- 4) Installation Permit expires one (1) year from date of application.
- 5) Refunds are not permitted.

This application will not be processed unless accompanied by the required fee(s).

**** Make Checks Payable to the Toledo-Lucas County Health Department or TLCHD****

By signing below I acknowledge that I have read and agree to all terms and conditions on this application and that to the best of my knowledge all the information provided with this application is factual.

| | |
|-----------------------------|-------|
| Owner/ Applicant Signature: | Date: |
|-----------------------------|-------|

-----Health Department Use Only-----

| Received by: | Date: | | | | |
|--------------|-----------|-----------|-----------|-------------|----------|
| Local Fee | State Fee | Total Fee | Receipt # | ODH Audit # | Permit # |
| | | | | | |

NOTES:
