



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](http://www.lucascountyhealth.com)

## APPLICATION FOR SEWAGE TREATMENT SYSTEM O&M 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:<br>Yes      No |  |

### PERMIT TYPE REQUESTED

#### Household Sewage Treatment System

☐ Operation & Maintenance Renewal (5year) ..... **\$240.00**

| 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 \*\***

|  |       |
|--|-------|
| <b>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.</b> |       |
| Owner/ Applicant Signature:  | Date: |

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

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

NOTES:

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