



Environmental Health Services
 CHEMUNG COUNTY HEALTH DEPARTMENT
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For Office Use Only	PERMIT # _____
	AMT OF FEE _____
	DATE RCVD _____ BY _____
	RECEIPT # _____

SEWAGE TREATMENT SYSTEM PERMIT RENEWAL APPLICATION

Or Change of Ownership Application

Check one:

I, _____, wish to Extend for the period of one year
 (Print Name) Change ownership of

the Sewage Treatment Permit for the property located at _____
 (Print property address)

in the Town of _____ .

Current Mailing address: _____

Current phone number: _____

Signature of applicant: _____ Date: _____

NOTE: If requesting *change of ownership* for property & sewage permit, we need the
 name of previous owner: _____
 (Name of Previous Owner of Property & Sewage Permit)