



Environmental Health Services
 CHEMUNG COUNTY HEALTH DEPARTMENT
 103 Washington Street, Post Office Box 588
 Elmira, New York 14902
Phone: (607) 737-2019 Fax: (607) 737-2059
www.chemungcountyhealth.org

For Office Use Only	PERMIT # _____
	AMT OF FEE _____
	DATE RCVD _____
	RECEIPT # _____

SEWAGE TREATMENT SYSTEM PERMIT **RENEWAL APPLICATION** *Or Transfer of Permit*

Property Address: _____ **Town of:** _____

Please Check one:

Extending permit for the period of: One year Two years Three years Four years

Property owner:

Name: _____ Phone: _____

Mailing address: _____

Change of property ownership. Name of Previous Owner: _____

New owner's information:

Name: _____ Phone: _____

Mailing address: _____

Transfer permit to new contractor. Name of Previous Contractor: _____

New Contractor's information:

Name: _____ Phone: _____

Mailing address: _____

Is Contractor currently registered with the Chemung County Health Department? Yes No*

** If no, the contractor will need to be registered prior to transfer of permit.*

Signature of applicant: _____ **Date:** _____