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Fee Paid: _____
 Receipt #: _____
 Received By: _____
 Date Received: _____

HAMILTON COUNTY PUBLIC HEALTH

APPLICATION FOR A SEWAGE TREATMENT SYSTEM/GRAY WATER RECYCLING SYSTEM INSTALLATION PERMIT OR ALTERATION PERMIT

APPLICANT TO FILL OUT ALL SECTIONS AND SIGN/DATE BELOW

Location of Construction Site: _____

Township/Village/City: _____

APPLICATION IS FOR:

- New Construction
- Replacement
- Alteration

SYSTEM TYPE:

- Household Sewage Treatment System (HSTS)
- Small Flow Onsite Sewage Treatment System (SFOSTS)
- Gray Water Recycling System (GWRS)
 - Type 1 Type 2 Type 3 Type 4

PERMIT FEE:

	PTI	ALTERATION PERMITS		
		JOB COST \$0-\$2,000	JOB COST \$2,001-\$5,000	JOB COST >\$5,000
TYPE 1 GWRS	\$325.00	\$120.00	\$220.00	\$320.00
TYPE 2-4 GWRS	\$399.00**	\$155.00*	\$255.00*	\$355.00*
HSTS	\$444.00**	\$155.00*	\$255.00*	\$355.00*
SFOSTS	\$599.00**	\$185.00*	\$285.00*	\$385.00*

* INCLUDES \$35.00 STATE FEE
 ** INCLUDES \$74.00 STATE FEE

Company Name: _____

Printed Name of Applicant: _____

Address of Applicant: _____

Applicant's Phone Number: _____

Applicant's Email Address: _____

Approved Final Inspection does not guarantee the life or performance of the sewage system. Failure to provide or properly maintain such a system or to discharge all the sewage from the premise into the disposal system may be declared a public health nuisance by the Health Commissioner.

It is understood that any approval granted on the basis of false or inaccurate information supplied herein is automatically revoked and approval is similarly revoked for failure to comply with any requirement or condition agreed to herein.

A SITE REVIEW WILL OCCUR IN ABOUT 5 BUSINESS DAYS BY A REGISTERED SANITARIAN. ONCE THE PERMIT APPLICATION IS APPROVED, A PRECONSTRUCTION CONFERENCE IS REQUIRED AT SITE WITH CONTRACTOR PRIOR TO COMMENCEMENT OF WORK. WORK MAY NOT BEGIN UNTIL THE APPROVED PERMIT IS RECEIVED.

I hereby certify that this work is authorized by the owner or record and agree to conform to all applicable rules, laws, standards, terms, conditions policies of the State of Ohio, Hamilton County and the municipality the work is being completed in, including ORC 3718 and OAC 3701-29. Failure to do so or follow permit conditions may subject installer to civil or criminal action, or other legally authorized remedies.

BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO COMPLY WITH THE CONDITIONS OUTLINED ABOVE.

Applicant's Signature: _____ Date: _____