



WHATCOM COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE SYSTEM
PERMIT APPLICATION

509 Girard Street
Bellingham, WA 98225
Telephone: 360-676-6724
Fax: 360-676-6771

Tax Parcel # _____ Date _____

Owner _____ Applicant _____
Address _____ Address _____

Phone _____ Phone _____

Site Address _____ Lot Size _____

N S E W side of _____ Rd. _____ Miles N S E W of _____ Rd.

Subdivision Name _____ Lot _____ Blk _____ Div _____

No. of Bedrooms _____ GPD _____ Water Supply [] Private [] Public _____

Property is within the boundaries of a recognized sewer utility [] No [] Yes _____

APPLICATION TYPE: [] New Construction [] Repair [] Expansion [] As-built [] Operational

SEWAGE TYPE: [] Residential [] Commercial [] Food Service [] Other _____

DESIGNER/ENGINEER _____
Print Name

COMMENTS: _____

Name and Signature of Fee Simple Owner, Contract Purchaser, or Owner's Authorized Agent.

Print _____ Signature _____ Date _____

If you do not agree with the decision made regarding this application you may request that the decision be reviewed. See Whatcom County Code section 24.07.090 for more information. Contact Whatcom County Health Department for further information and procedures. A fee is charged.

[] Application Reviewed & Design Approved _____ Date _____

OSS Permit Type _____

Conditions _____

[] Application Not Approved _____ Date _____

Reasons _____

Office Use Only:

Received By _____ Date _____ Amount Paid _____ Receipt # _____