

**FAUQUIER COUNTY HEALTH DEPARTMENT  
330 HOSPITAL DR.  
WARRENTON, VA. 20186**

**FAUQUIER COUNTY ENVIRONMENTAL HEALTH  
APPLICATION FOR SEWAGE DISPOSAL SYSTEM INSTALLERS**

Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**In order for this application to be complete you must also include the following:**

- Local License Fee: \$400.00
- Evidence that the applicant has a working knowledge of sewage disposal systems, their installation and construction: A copy of all staff state licensure as a Conventional or Alternative Onsite Sewage System Installer through the Department of Professional and Occupational Regulation DPOR.
- Bonding: Proof of insurance or an original copy of bonding, with bond and/or insurance of at least fifty thousand (\$50,000). The bond shall be for a period of not less than six (6) months after the expiration of the license year during which the bond was posted and shall be renewed annually so that the bond shall not be terminated for a period less than six (6) months after the construction or repairs of the last sewage disposal system or any part thereof.

*Pursuant to Chapter 17, Section 17-12, Fauquier County Code, I hereby make application for a license to engage in the business of installing individual sewage disposal systems in Fauquier County.*

*I have read and understand the provisions of Chapter 17, Fauquier County Code, the State Board of Health Regulations and Policies for Onsite Sewage Disposal Systems, and all applicable regulations of the Virginia Department of Professional and Occupational Regulation.*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**