

PERMIT EXTENSION OWNER ACKNOWLEDGEMENT AND ASSURANCE

COUNTY: _____ DATE: _____

PROPERTY OWNER NAME _____

OWNERS ADDRESS: _____

PHONE: _____

HEALTH DEPARTMENT ID#: _____ TAX MAP#: _____

I am requesting an extension of the above referenced permit. As the owner of this property, I acknowledge that:

a. The site conditions surrounding the drainfield, reserve, and well areas have not changed since issuance of the initial permit and all required setbacks can still be met.

b. The building permit is current.

c. I understand the risks involved with re-issuance of this permit without an additional site visit and any changes to the site.

d. The extension will only be granted if the permit has not yet been voided, will only be re-issued 18 months from the original permit expiration date and no further extensions will be granted.

DATE

OWNER SIGNATURE

Health Department Use Only:

Original Issue Date: _____

Expiration Date: _____

Date 18 months from Expiration Date: _____

Maximum extension date: _____