



WHATCOM COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE SYSTEM
PERMIT APPLICATION

509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

Property ID: _____
Tax Parcel # _____ Date _____
Applicant _____
Applicant Mailing Address _____ Applicant 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 # _____