

**BUCKS COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL SANITATION**

APPLICATION FOR TRANSFER OF ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

To be Completed by Applicant

FEE: \$ _____

PART I

Name of Applicant (New Owner) _____

Address _____ City/Town _____ State _____ Zip _____

Telephone Numbers: Home (____) _____ - _____ Work (____) _____ - _____

Permit # _____ Serial # _____

Lot # _____ Subdivision Name _____

Property Tax Map # _____ Municipality _____

Date of Original Permit Issuance: _____

PART II

I, the undersigned owner/owner in equity of the above property, agree to comply with the original permit the dwelling, well, driveway, property lines and all components of the sewage system must be installed or remain as per location on the permitted system design plan. Any changes in the above may result in the revocation of the permit.

Applicants signature: _____ Date ____ / ____ / ____

PART III To be filled out only if applicant wishes to have an office conference

Office conference requested by the applicant: Reason: _____

Applicants signature _____ Date ____ / ____ / ____

PART IV Necessary only when applicant is not the property owner

I, _____ the permittee have no objections to transfer of this permit to the applicant named above.

Permittee signature _____ Date ____ / ____ / ____

PART V For Sewage Enforcement Officer use only

Transfer of permit approved YES Date transferred permit will expire _____

Transfer of permit not approved _____

Date ____ / ____ / ____

Sewage Enforcement Officer
Bucks County Department of Health