

Permit # _____

**DELAWARE TOWNSHIP
BOARD OF HEALTH**

Application for permit to install septic system

Property owner _____

Address _____

Block _____ Lot _____

Signature of Owner _____

Date _____

The issuance of this permit shall not be construed as a guarantee that the septic system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the Board of Health in the enforcement of any law or ordinance relating to public health.

DELAWARE TOWNSHIP BOARD OF HEALTH

Date _____

Administrative Officer

Septic permit must be submitted prior to obtaining building permit with Delaware Township Building inspector.

Make check payable to Delaware Township
Please submit 3 copies

Cost \$10.00