

SEPTIC TANK ELIMINATION PROGRAM EXTENSION APPLICATION

PROPERTY INFORMATION

Owner Name: _____

Property Address: _____

Mailing Address: _____

Parcel Number: _____ Email Address: _____

Home Phone #: _____ Mobile Phone #: _____

By filling out this application you are asking for a time extension for connecting your property to an accessible sanitary sewer line and the abandonment of your existing household sewage treatment system. This extension may be granted for up nine (9) months. **Once this application has been approved an extension approval letter will be mailed out to you. The letter will indicate the final date in which the property is ordered to connect to the available sanitary sewer.** Additionally, you will be ordered to properly abandon your existing household sewage treatment system within this same time period.

Permits to connect to the sanitary sewer can be obtained from the Division of Sewerage and Drainage at 614-645-7490.

SIGNATURE

Signature: _____

Date: ____/____/____

Please return the completed form along with a check or money order for \$50.00 to:

Columbus Public Health
Environmental Health Licensing Section
240 Parsons Avenue,
Columbus, OH 43215-5331

Make check payable to the "COLUMBUS CITY TREASURER"

OFFICE USE ONLY

FEE PAID _____

DATE REC _____

APPLICATION SR _____

RECEIPT # _____

REC BY _____