

WAYNE COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR
AUTHORIZATION FOR RELOCATION

DATE _____

SERVICES REQUESTED BY:

NAME _____
First _____ Middle Initial _____ Last _____

CURRENT MAILING ADDRESS: _____

BEST DAYTIME PHONE#: (_____) _____ - _____

EMAIL ADDRESS _____

How would you like to be notified when permit has been completed? (circle one)

Email Phone Regular Mail

TYPE OF SERVICES DESIRED:

Septic Tank Inspection (Existing) *Relocation of Mobile Home

Septic Tank (New/Never used)

Number of Bedrooms Number of Occupants

WATER SUPPLY: PUBLIC PRIVATE

ADDRESS TO PROPERTY: _____

OWNER OF MOBILE HOME: _____

IF IN A MOBILE HOME COURT:

NAME OF COURT: _____

LOT: _____ SECTION: _____

OWNER OF MOBILE HOME COURT: _____

IF NOT IN A MOBILE HOME COURT PLEASE SIGN THE FOLLOWING STATEMENT:

The septic tank system on this property is located a minimum of 50 feet from any water supply well and has been functioning satisfactorily.

Signed: _____
(Owner or Tenant) (Date)

RELOCATION PERMIT EXPIRES 90 DAYS FROM DATE OF ISSUANCE

Initial _____