

**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