

Permit Fee: \$ _____	Date Collected: ____ / ____ / ____ <small>DD / MM / YY</small>	<input type="checkbox"/> Chq <input type="checkbox"/> Visa <input type="checkbox"/> Cash <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex	Sent to Billing: ____ / ____ / ____ <small>DD / MM / YY</small>
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OWNER INFORMATION:

Type of Ownership (select one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Society <input type="checkbox"/> Copy of Legal Documents Provided			
Legal Owner Name: _____			
Doing Business As (DBA): _____			HSDA: <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23
Site Address		Billing Address <input type="checkbox"/> Same as Site Address	
Person In Charge/Operator: _____		Billing Contact Name (if different than Owner): _____	
Street Address: _____		Street Address: _____	
City/Municipality: _____	Postal Code: _____	City/Municipality: _____	Postal Code: _____
Telephone: (____) _____	Fax: (____) _____	Telephone: (____) _____	Fax: (____) _____
Cell: (____) _____	E-mail: _____	Cell: (____) _____	E-mail: _____
Emergency Contact		Certified Operator Information EOCP Certification # _____	
Name: _____		Name: _____	
Street Address: _____		Street Address: _____	
City/Municipality: _____	Postal Code: _____	City/Municipality: _____	Postal Code: _____
Telephone: (____) _____	Fax: (____) _____	Telephone: (____) _____	Fax: (____) _____
Cell: (____) _____	E-mail: _____	Cell: (____) _____	E-mail: _____

**If additional Mailing Address is required, please attach information on a separate sheet*

TYPE OF APPLICATION:

<input type="checkbox"/> New Facility	<input type="checkbox"/> Owner Change	<input type="checkbox"/> Billing Address Change	<input type="checkbox"/> Fee Category Change
<input type="checkbox"/> Permit Corrections (please specify)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Months of Operation Change	<input type="checkbox"/> Status Change
Effective Date: _____		Comments: _____	

TYPE OF SERVICE AND SYSTEM INFORMATION:

Number of Months Open Annually: <input type="checkbox"/> 12 Months – OR – check <input checked="" type="checkbox"/> below which months open	
<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	
# of Connections: _____	Maximum Population Served: _____
Water Supply: <input type="checkbox"/> Surface Water <input type="checkbox"/> Shallow Well <input type="checkbox"/> Deep Well <input type="checkbox"/> Combined	
Water Treatment: <input type="checkbox"/> Chlorine <input type="checkbox"/> Ozone <input type="checkbox"/> Ultra Violet Light <input type="checkbox"/> Chloramines <input type="checkbox"/> Other _____	
GPS (Source Only): Latitude _____ Longitude _____	

APPLICANT SIGNATURE:

Applicant Name (please print): _____	Applicant Signature: _____	Date of Signature: _____
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ENVIROMENTAL HEALTH OFFICER – Complete this section

Facility Type: <input type="checkbox"/> WS1A <input type="checkbox"/> WS1B <input type="checkbox"/> WS1C <input type="checkbox"/> WS2 <input type="checkbox"/> WS3 <input type="checkbox"/> WS4 <input type="checkbox"/> WS9	Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes (see attached)
Previous Name of Premises: _____	Estimated Closing Date: _____
EHO Name (please print): _____	EHO Signature: _____
Approval Date (DD / MMM / YYYY): _____	