

PHONE: (216) 201-2000

CUYAHOGA COUNTY BOARD OF HEALTH

FAX: (216) 676-1317

5550 VENTURE DR.
PARMA, OHIO 44130
WWW.CCBH.NET

APPLICATION FOR HOUSEHOLD SEWAGE SYSTEM ABANDONMENT

PROPERTY: _____
(ADDRESS) (CITY) (ZIP)

HOMEOWNER: _____ PHONE# _____

NO. OF TANKS _____ TYPE OF TANKS (CONCRETE, PLASTIC, ETC.) _____ SIZE (GALLONS) _____

TYPE OF SYSTEM (AERATION SYSTEM, FILTER BED, ETC.) _____

SYSTEM LOCATION _____

SIGNATURE: _____ DATE: _____
(PROPERTY OWNER/CONTRACTOR)

CONTRACTOR: _____ PHONE #: _____

OWNER/OPERATOR NAME: _____ FAX #: _____

ADDRESS: _____
(STREET NUMBER) (CITY) (STATE) (ZIP)

ARE YOU CURRENTLY LICENSED WITH THE CUYAHOGA COUNTY SANITARY ENGINEER=S OFFICE? (CIRCLE ONE) YES NO

≈ MAKE CHECKS PAYABLE TO THE CUYAHOGA COUNTY BOARD OF HEALTH ≈

HOUSEHOLD SEWAGE SYSTEM ABANDONMENT FEE \$100.00
APPLICATION FEE IN NON REFUNDABLE ALL RETURNED CHECKS WILL BE CHARGED A PROCESSING FEE OF TEN DOLLARS (\$10.00)

FOR OFFICE USE ONLY
APPROVED BY _____ DATE _____ PERMIT # _____ FEE PAID \$ _____ LOG-IN# _____