

**BUCKS COUNTY DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL SANITATION**

**APPLICATION FOR TRANSFER OF ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT**

To be Completed by Applicant

FEE: \$ \_\_\_\_\_ (See Department's Current Fee Schedule)

**PART I**

Name of Applicant (New Owner) \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Permit # \_\_\_\_\_ Serial # \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision Name \_\_\_\_\_

Property Tax Map # \_\_\_\_\_ Municipality \_\_\_\_\_

Date of Original Permit Issuance: \_\_\_\_\_ Maintenance Agreement required\*  Yes  No

\*Maintenance Agreement between applicant and municipality or 3<sup>rd</sup> party will be required prior to transfer of sewage permit.

**PART II**

I, the undersigned owner/owner in equity of the above property, agree to comply with the original permit the dwelling, well, driveway, property lines and all components of the sewage system must be installed or remain as per location on the permitted system design plan. Any changes in the above may result in the revocation of the permit.

Applicants signature: \_\_\_\_\_ Date \_\_\_\_\_

**PART III To be filled out only if applicant wishes to have an office conference**

Office conference requested by the applicant: Reason: \_\_\_\_\_

Applicants signature \_\_\_\_\_ Date \_\_\_\_\_

**PART IV Necessary only when applicant is not the property owner**

I, \_\_\_\_\_ the permittee have no objections to transfer of this permit to the applicant named above.

Permittee signature \_\_\_\_\_ Date \_\_\_\_\_

**PART V For Sewage Enforcement Officer use only**

Transfer of permit approved  Yes  No Date transferred permit will expire \_\_\_\_\_

Transfer of permit not approved \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Sewage Enforcement Officer  
Bucks County Department of Health