

ONSITE SEWAGE PERMIT APPLICATION

Onsite Sewage Disposal Systems

Please see the Environmental Health Fee Schedule for current fees.

Submittal Date	Memo Number	Review Fee

BUILDING SITE ADDRESS
Street Address
City
Assessor's Account Number

OWNER OR APPLICANT INFORMATION		
First Name	Last Name	Contact Phone
Mailing Street Address		
Mail City	Mail State	Mail Zip/Postal

PERMIT INFORMATION			
Permit Type: <input type="checkbox"/> New <input type="checkbox"/> Alteration/Repair Alt <input type="checkbox"/> Repair <input type="checkbox"/> Component <input type="checkbox"/> Tank(s) Only <input type="checkbox"/> Remediation <input type="checkbox"/> Connection Only <input type="checkbox"/> Curtain Drain	System Type: <input type="checkbox"/> Standard <input type="checkbox"/> Alternative <input type="checkbox"/> Holding Tank	Use Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Community <input type="checkbox"/> Commercial Other Details: BSA/BC Memo #: _____ Building Permit #: _____	Capacity: Number of Units: _____ Number of Bedrooms: _____ Daily Design Flow (GPD): _____

DESIGNER RELEASE AND ACKNOWLEDGMENT			
Designer/Engineer Release Section (Required for New, Alteration/Repair, and Repair) - I certify that the property site and soil conditions are conducive and suitable to install the onsite sewage system pursuant to the approved plan and Kitsap Public Health Board Ordinance in effect at the time of design approval. (KCBOH Ord.2008A-1 effective May 1,2008 – March 16, 2025; or KPHB Ord. 2025-01 effective March 17, 2025)			
Comments or Conditions			
Designer/Engineer Name	Signature	Release Date	Contact Number

INSTALLER ACKNOWLEDGMENT SECTION		
I agree to adhere and conform to the requirements of the Kitsap Public Health Board Ordinance in effect at the time of design approval. (KCBOH Ord.2008A-1 effective May 1,2008 – March 16, 2025; or KPHB Ord. 2025-01 effective March 17, 2025) follow and abide by the approved Building Site application or plan for the construction of this system, and / or any specified instructions from the Designer.		
Comments		
Certified Installer name	Certified Installer Company	Contact Number
Certified Installer Signature		Date