Renewal or Transfer Application for
ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT

Chemung County Health Department
103 Washington St., P.O. Box 588
Elmira, NY 14902-0588

ehs@chemungcountyny.gov
Environmental Health Services **607-737-2019**

Peter Buzzetti III, MPH
Public Health Director

Sarah Mattison, MPH
Deputy Public Health Director

Office Use Only

PERMIT # _____

Amount Pd _____

Receipt # _____

Date Rec'd _____

Property Address: _____ **Town of:** _____

Please Check one:

☐ **Extending permit** for the period of: ☐ One year ☐ Two years ☐ Three years ☐ Four years

Property owner:

Name: _____ Phone:_____

Mailing address: _____

_____

☐ **Change of property ownership.** Name of Previous Owner: _____

New owner's information:

Name: _____ Phone:_____

Mailing address: _____

_____

☐ **Transfer permit to new contractor**. Name of Previous Contractor: _____

New Contractor's information:

Name: _____ Phone:_____

Mailing address: _____

_____

Is Contractor currently registered with the Chemung County Health Department? ☐ Yes ☐ No*

** If no, the contractor will need to be registered prior to transfer of permit.*

Signature of applicant: _____ Date:_____