

TOWN OF INLET WASTEWATER TREATMENT SYSTEM PERMIT RENEWAL APPLICATION

Property Tax Map #	Date:	Fee:
Property Owner	Phone #	
Mailing Address	City	State Zip
Existing Wastewater Treatment Permit #	Expiration Date	
Engineer	Phone #	Fax #
Mailing Address	City	State Zip
Contractor	Phone #	Fax #
Mailing Address	City	State Zip
Project Location		

INFORMATION BELOW WILL BE COMPLETED BY CODE ENFORCEMENT OFFICER			
Application Fee Rcvd:	Cash	Check	Make checks payable to the Town of Inlet
Date Renewal Application Received	Renewal Period		
Date Renewal Permit Sent To Permit Holder			