

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		