

Fee: \$100.00

Richland County

SANITARY PERMIT - TRANSFER BETWEEN OWNER/REVISION (CHANGE OF PLUMBER)

Permit Transfer Date: \_\_\_\_\_ Original Permit Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
Previous State Plan ID Number: \_\_\_\_\_ New State Plan ID Number: \_\_\_\_\_ Office Permit Number: SP-\_\_\_\_\_
\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4, Section \_\_\_\_\_, T \_\_\_\_\_ N., R \_\_\_\_\_ E (or) W Town/Village/City of: \_\_\_\_\_
Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Transfer Between Owners

PREVIOUS SANITARY PERMIT HOLDER:

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_

SANITARY PERMIT TRANSFERRED TO:

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Phone: \_\_\_\_\_

Previous Permit Holder Signature: \_\_\_\_\_

Revision (Change of Plumber)

\*Revised plans must be submitted by installing plumber.

PREVIOUS PLUMBER:

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_

\*INSTALLING PLUMBER:

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ MP/MPSRW#: \_\_\_\_\_

I, the undersigned, assume responsibility for installation of the private sewage system that has been previously approved for this property.

Installing Plumber Signature: \_\_\_\_\_

Issuing Agent Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

RC-TRANSF(12-04-08)