



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

**ONSITE WASTEWATER TREATMENT SYSTEM
CONSTRUCTION PERMIT APPLICATION FEE**

FEE RECEIPTS TRANSMITTAL NUMBER
DATE PAID
APPLICATION NUMBER
COUNTY OF CONSTRUCTION SITE
TELEPHONE NUMBER
PROPERTY OWNER'S MAILING ADDRESS (IF DIFFERENT FROM ABOVE)
NON REFUNDABLE APPLICATION FEE \$90.00 THIS IS NOT A PERMIT
OFFICE USE ONLY
PERMIT NUMBER

NAME OF PROPERTY OWNER	DEVELOPER Yes No
ADDRESS OF CONSTRUCTION SITE (STREET, CITY, STATE, ZIP CODE)	
PROPERTY OWNER'S MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	

This fee must be received before the permit to construct can be issued.
Do not send cash, make check or money order payable to:
Missouri Department of Health and Senior Services

MAIL TO: MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 FEE RECEIPTS
 P O BOX 570
 JEFFERSON CITY MO 65102



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