



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**ONSITE WASTEWATER TREATMENT SYSTEM
 CONSTRUCTION PERMIT APPLICATION FEE**

FEE RECEIPTS TRANSMITTAL NUMBER

DATE PAID

| | | |
|------------------------|---|--------------------|
| NAME OF PROPERTY OWNER | DEVELOPER <input type="checkbox"/> Yes <input type="checkbox"/> No | APPLICATION NUMBER |
|------------------------|---|--------------------|

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|--|-----------------------------|
| ADDRESS OF CONSTRUCTION SITE (STREET, CITY, STATE, ZIP CODE) | COUNTY OF CONSTRUCTION SITE |
|--|-----------------------------|

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|------------------|
| TELEPHONE NUMBER |
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|--|
| PROPERTY OWNER'S MAILING ADDRESS (IF DIFFERENT FROM ABOVE) |
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NON REFUNDABLE APPLICATION FEE \$90.00 THIS IS NOT A PERMIT

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| <p>Fee and form must be received prior to issuance of permit to construct. To pay on line click here. Once complete enter Approval number: _____ OR Make check or money order payable to: Missouri Dept. of Health and Senior Services MAIL TO: Missouri Department of Health and Senior Services Fee Receipts PO Box 570 Jefferson City MO 65102</p> | <p style="text-align: center;">OFFICE USE ONLY</p> <p>PERMIT NUMBER</p> |
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