



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)
<b>NON REFUNDABLE APPLICATION FEE      \$90.00      THIS IS NOT A PERMIT</b>
<b>OFFICE USE ONLY</b>
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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