

SEWAGE SYSTEM INSTALLER PERMIT APPLICATION

For installation of: Standard/Basic Complex Alternative

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

Phone# _____ E-Mail Address _____

Ownership Name _____

Ownership Address _____

City _____ State _____ Zip Code _____

Phone # _____ E-Mail Address _____

Partner Name _____

Partner Address _____

City _____ State _____ Zip Code _____

Phone # _____ E-Mail Address _____

Partner Name _____

Partner Address _____

City _____ State _____ Zip Code _____

Phone # _____ E-Mail Address _____

Signature: _____ Date: _____

Submit a copy of Surety Bond and Installer Exam Certificate with fee and application.

BOND EXPIRATION DATE MUST END DECEMBER 31

OFFICE USE ONLY

Permit # _____	Bond # _____	Exam Completed Date _____
Receipt # _____	Bond Expiration Date _____	Exam Expired Date _____

Rev 6-25 bk

Ada & Boise County

707 N. Armstrong Pl. Boise, ID 83704
208-375-5211

Elmore County

520 E. 8th N. Mountain Home, ID 83647
208-587-4407

Valley County

703 1st St. McCall, ID 83638
208-634-7194