

WARREN COUNTY HEALTH DEPARTMENT

700 Oxford Road
Oxford, New Jersey 07863
Telephone (908) 475-7960
Fax: (908) 475-7964

Fee: \$25.00 Payable to -
'Treasurer, County of Warren'
Check #
Receipt #
Date Pd
App. #

PETER SUMMERS
Health Officer



PROPOSED ADDITION, RENOVATION, OR CHANGE OF USE TO EXISTING DWELLING/ESTABLISHMENT AND/OR ADDITION OF AN ACCESSORY STRUCTURE SERVED BY AN EXISTING SEPTIC/WELL

Municipality Block Lot

Location/Street Address or Proposal

Property Owner & Mailing Address

Telephone # (cell) (home)

Contractor's Name (if known)

Contractor's Telephone #

Type of Sewage Disposal: Public Sewer Septic System

Type of Water Supply: Public Water Well

Type of Work: Alteration/Renovation - Addition of Bedrooms Alteration/Renovation - No Addition of Bedrooms
Number of Bedrooms: Total # existing bdrms Total # of bdrms after alt/reno

Accessory Structure Addition (specify pool, shed, garage, etc)

Change of Use - Existing Type of Establishment Type of Establishment after Alteration/Renovation

- 1. A sketch must be submitted showing the location of the existing dwelling/establishment, proposed addition/accessory structure, septic components, and the well.
2. A floor plan must be submitted of the dwelling/establishment showing the existing rooms and the proposed rooms (labeled) for all alteration/renovation/change of use proposals.
3. A written description of your proposal (back of this application may be used if needed).

Please note: The applicant is responsible for obtaining all other required federal, state or local approvals prior to the commencement of work under this approval, including but not limited to, NJDEP permits to conduct activities in freshwater wetlands, freshwater wetland transition areas, of flood plain jurisdictions.

I hereby certify that the information furnished on this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of property owner

(Revised 1/7/15)