



Coos County Community Development

Mailing Address: 250 N. Baxter, Coquille, Oregon

60 E. Second St., Coquille OR 97423

Planning, Building, Onsite and Enforcement

Phone: 541-396-7770

Fax: 541-266-1146

www.co.coos.or.us

TDD (800) 735-2900

**COOS COUNTY COMMUNITY DEVELOPMENT
ONSITE SEWAGE TREATMENT SYSTEM APPLICATION**

Property Owner(s) _____

Phone: _____ **E-mail:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Property Information:

Township _____ **Range** _____ **Section** _____ **Tax Lot#** _____

Situs Address: _____

Directions to Property from Coquille:

C. Facility Information

Existing Facility:

Single Family Residence Other: _____

Number of Bedrooms: _____

Proposed Facility:

Single Family Residence Other: _____

Number of Bedrooms: _____

D. Water Supply

Public (Name): _____

Private (Check one): Well Spring Shared System

E. Type of Application (Check all that apply)

Site Evaluation

Construction Permit Major Minor

- Repair Permit Major Minor
- Alteration Permit Major Minor
- Renewal Permit Existing System Evaluation Permit Transfer Permit Reinstatement

Authorization Notice for:

- Connecting to an Existing System Not in Use Replacing a Mobile Home or House with Another
- Addition of One or More Bedrooms Medical Hardship
- Temporary Housing Other (please specify): _____

F. Applicant Certification

By my signature, I certify that the information I have provided is accurate. I authorize Coos County Community Development and its representatives to enter the above property for the purpose of reviewing this application.

Applicant Name (please print): _____

Applicant Phone: _____ Email: _____

Applicant Mailing Address: _____

- Owner Authorized Representative Licensed Septic Installer

If not the owner, include signed authorization form.

Installer's Name (if applicable): _____

Signature: _____ Date: _____

Submit via Email or Mail:

 **Email:** onsiteseptic@co.coos.or.us

 **Mail to:**

Coos County Community Development
 Onsite Septic Program
 250 N. Baxter
 Coquille, OR 97423

OFFICE USE ONLY:

Date Received: _____
 Fee Paid: _____
 Receipt #: _____
 Application #: _____
 1st Response Date: _____
 Final Response Date: _____
 Completion Date: _____