



Island County Public Health
Mailing Address: 1 NE 7th Street Coupeville WA 98239
Physical Address: 1 NE 6th Street Coupeville WA 98239
Whidbey 360-679-7350 Camano Island 360-678-8261
www.islandcountywa.gov

ICPH Date Stamp

ONSITE SEWAGE SYSTEM PERMIT CONTACT INFORMATION (Shall be submitted with Septic Permit)

Receipt Number: _____

Permit/Asbuilt Number: _____

PROPERTY OWNER INFORMATION

Property Owner Name: _____	Parcel Number: _____
Mailing Address: _____	City: _____ State: _____ Zip Code: _____
Phone Number _____	Cell Number: _____ Email: _____

REQUIRED - APPLICANT INFORMATION Same as Owner Authorized Agent Contract Purchaser

Applicant Name: _____		
Mailing Address: _____		
Phone Number _____	Cell Number: _____	Email: _____
Applicant Signature: _____	Date: _____	

POINT OF CONTACT INFO (P.O.C) (optional 3rd party to receive sewage permit correspondence)

Name: _____		
Mailing Address: _____		
Phone Number _____	Cell Number: _____	Email: _____
POC Signature: _____	Date: _____	

ONSITE SEPTIC DESIGNER OR PROFESSIONAL ENGINEER INFORMATION

Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Cell Number: _____	
Email: _____		

If this permit is a Table IX repair (non-conforming), it may limit the ability to add bedrooms, living space, or other alterations to my structure. Changes to this site such as grading, filling, or clearing, or any deviation from the original plan such as, but not limited to: (a) dwelling location, (b) placement of wells, drainfields, curtain drains, tanks, etc. without first receiving approval from Island County Public Health, may void this permit.

Permits are transferable with property ownership. Sewage permits are non-renewable. The permitted sewage system must be installed prior to the expiration date. If the system is not installed before the permit expires, a new permit may be applied for based on current standards.

DISCLAIMER: Application is hereby made for a permit(s) to authorize the activities described herein. I certify that I am familiar with the information contained in the application package and that to the best of my knowledge and belief, such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant Island County Public Health the right to enter the described location to inspect the proposed, in-progress or completed work. I agree to start work only after all necessary Island County permits/approvals have been received.