



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**ON-SITE SEWAGE SYSTEM
 CONSTRUCTION PERMIT APPLICATION FEE**

FEE RECEIPTS TRANSMITTAL NUMBER	
DATE PAID	
NAME OF PROPERTY OWNER	APPLICATION NUMBER
ADDRESS OF CONSTRUCTION SITE (STREET, CITY, STATE, ZIP CODE)	COUNTY OF CONSTRUCTION SITE
	TELEPHONE NUMBER
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	
NON REFUNDABLE APPLICATION FEE \$90.00 THIS IS NOT A PERMIT	
This fee must be received before the permit to construct can be issued. Do not send cash, make check or money order payment 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	OFFICE USE ONLY
	PERMIT NUMBER

MO 580-2064 (2-06)

DISTRIBUTION: WHITE - DHSS YELLOW - RETAIN FOR YOUR RECORDS

E3.01



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