



SEPTIC COMPLIANCE INSPECTION WAIVER FORM

I hereby attest that short term rental unit for which a license is being sought is connected to one of the following subsurface septic treatment systems (SSTS):

SELECT ONE OF THE BELOW CHOICES

1.) City / municipal sewer

2.) Local sanitary sewer district

Therefore, no valid certificate of compliance inspection shall be required for the following property at this time:

Address _____

Parcel Number(s) _____

Property Owner / Authorized Agent Signature

Date

Property Owner / Authorized Agent Phone Number