



## **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) \_\_\_\_\_

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Property Owner / Authorized Agent Signature

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Date

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Property Owner / Authorized Agent Phone Number