# REQUEST OR DECLINE ISSUANCE OF REVISED

# AUTHORIZATION FOR CONSTRUCTION

Date prepared:

Owner(s):

Mailing Address:

Property location/site legal description:

Original Improvement Permit (IP) #

Date issued:

Original Authorization to Construct (AC) #

Date issued:

I

(print full name)

hereby verify that personnel from

Local

Health Department (LHD) advised me of rule changes for wastewater system construction and current technology that are available for use on the above-referenced property.

Further, I verify that:

 I do

 I do not

request issuance of a revised AC based on this new information.

*NOTE: If the applicant requests a revised Authorization to Construct (AC), the Local Health Department shall issue an “Intent to Revoke” (including appeal rights) the existing AC and issue the revised AC when the revocation process is completed. If the applicant voluntarily relinquishes their appeal rights in writing via signing a Voluntary Relinquishment of Appeal Rights form, the LHD can issue the revised AC concurrently with revocation of the existing AC.*

Applicant (Print full name):

Signature:

Date: