

RINGWOOD HEALTH DEPARTMENT

60 Margaret King Ave.

Ringwood, NJ 07456

Tel: (973) 962-7079

Fax: (973) 962-7823

APPLICATION FOR LICENSE TO INSTALL, AND/OR REPAIR

INDIVIDUAL SEWAGE DISPOSAL SYSTEMS

FEE: \$150.00

Name of Applicant: _____

Address: _____

Phone #: _____ Fax #: _____ Cell#: _____

Company Name: _____

Where Registered (DEP#): _____

State of Incorporation: _____ Authorized to do business in NJ? _____

Corporate Officers:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

CERTIFICATIONS: _____

Other municipal licenses held: _____

Was your license ever revoked by any municipal Board of Health or other official body? _____

Are you familiar with septic system requirements in Ringwood? _____

Do you want to be included on our installer/pumper lists given to residents? _____

Signature of Applicant: _____ Date: _____

(FOR HEALTH DEPARTMENT USE ONLY)

Amount Received: _____ Date: _____ License #: _____

Application Approved: _____ Denied: _____ Date: _____

Signature of Health Official