



**TOWNSHIP OF HARDING  
BOARD OF HEALTH  
FORMAL REQUEST TO BOARD OF HEALTH FOR  
EXTENSION OF SEPTIC PERMIT**

21 Blue Mill Road, P.O. Box 666  
New Vernon, New Jersey 07976  
(973) 267-8000 Ext. 715

Application is made to the Board of Health for septic permit extension. Harding Township Code 422-23B – The Board of Health, in granting such extension, may impose additional conditions on the permit as may be appropriate taking into consideration newly adopted standards and practices. No more than two (2) one-year extensions may be granted.

**SITE INFORMATION:**

OWNER: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PROJECT INFORMATION:**

Briefly describe the reason an extension is being requested: (you may submit a separate sheet)

PROJECT ENGINEER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROJECT CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**OWNER CERTIFICATION:**

I am the owner of the subject property and I certify the submitted information is correct and understand my responsibilities to comply with applicable state and local regulations.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AGENT CERTIFICATION:**

I am the agent for the owner of the subject property and I certify that I have permission and authorization to sign for the owner and that the submitted information is correct. I have informed the owner of his/her responsibilities to comply with applicable state and local regulations.

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_