



# LA PORTE COUNTY HEALTH DEPARTMENT

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## Application for Property Transfer

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Real Address of Property to be transferred:

Address of site: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot#: \_\_\_\_\_

Parcel ID number (required): \_\_\_\_\_

### Inspection/Testing

#### Wastewater Disposal System:

Septic Inspection Report: \_\_\_\_\_ City Sewer Bill: \_\_\_\_\_ Letter from City Utility Office: \_\_\_\_\_ Affidavit: \_\_\_\_\_

#### Water Supply System:

Water Laboratory Report: \_\_\_\_\_ City Water Bill: \_\_\_\_\_ Letter from City Utility Office: \_\_\_\_\_ Affidavit: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT name: \_\_\_\_\_

Please check one of the following: Owner: \_\_\_\_\_ Builder/contractor: \_\_\_\_\_ Agent: \_\_\_\_\_

### FOR OFFICE USE ONLY

Transaction #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Certification # S \_\_\_\_\_

Dept Employee: \_\_\_\_\_ Total Paid: \_\_\_\_\_ Certification # W \_\_\_\_\_

#### Mission Statement:

*"To engage and partner in a collaborative and responsive effort with the community and local organizations with respect to the diversity of the community to better serve present and future generations."*