



ST. TAMMANY PARISH SEWERAGE PERMIT APPLICATION

DEPARTMENT OF ENVIRONMENTAL SERVICES

P. O. Box 628

COVINGTON, LA 70434

PHONE: (985) 898-2535

FAX: (985) 898-2523

E-mail: es@stpgov.org

DATE: _____

FEE: \$25.00

Property Information:

Street Address: _____ Lot #: _____

City: _____ Zip code: _____ Subdivision: _____

Residential Mobile Home Commercial Name of Business _____

Is an appointment needed to access property? Yes No

Directions to Property: _____

Description of Property (color, identifiable landmarks, etc.): Must be completed

Approximate Location of System: _____

Last Date System Pumped: _____ Is there a Garbage Disposal? Yes No

Is the property vacant? Yes No If yes, how long? _____

Number of Bedrooms _____ If commercial, how many employees? _____

Who is your electrical provider? _____ Is the electricity connected? Yes No

Contact Information:

Contact Person: _____ You are the: Owner Renter Realtor Other

Mailing Address: _____

Phone No. _____ Cell No. _____ Fax No. _____

We will fax the permit to the utility company. Would you like the original permit to be:

Mailed to contact person at contact address Held for pick up in our office Other _____

For office use only:

Payment method: _____

Date: _____