



## PROPERTY TRANSFER CERTIFICATE APPLICATION FORM

**\*\*Please include the following items\*\***

- ✓ Parcel ID#
- ✓ Statement from the current property owner regarding the present operational status of the onsite wastewater system.
- ✓ Onsite Wastewater Treatment System( OWTS) Pumping Receipt. (If the report requires pumping.)
- ✓ \*OWTS Inspection Report Form (from a certified inspector) }
- ✓ Name & phone number of inspector.
- ✓ Maintenance contract/agreement for advanced OWTS.
- ✓ A non-refundable certificate fee of \$25.00.

### PLEASE PRINT ALL INFORMATION:

Seller's Name: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Parcel ID#: \_\_\_\_\_

Name & Phone # of Inspector \_\_\_\_\_

Size of the property in acres (rounded to the nearest tenth acre 1/10):  
\_\_\_\_\_

Type of water supply: \_\_\_\_\_

Type of existing building or structure (if commercial, list all uses or tenants):  
\_\_\_\_\_

Number of bedrooms in the dwelling, including one bedroom per every 600 sq. ft. of unfinished living area: \_\_\_\_\_

\*The inspection report must be filed with The Stone County Health Department within 90 days to acquire a property transfer certificate.