Change of Designer Request

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Site Address _____

City _____ State _____ Zip _____

Parcel Number _____

Previous Designer _____

Previous Designer Business Name _____

I do hereby accept full responsibility as the designer of record for completion of the on-site sewage disposal system review and acceptance process for the above-referenced site. I have inspected the site and found site conditions comply with all state and local requirements for on-site sewage disposal. I have reviewed all records pertaining to the site.

I certify that the current owner or applicant has retained my services for this design.

New Designer (Please Print) _____ ID Number _____

New Designer Business Name _____

New Designer's Signature _____ Date _____

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.