



APPLICATION FOR PERMIT TO CONSTRUCT SUBSURFACE SEWAGE SYSTEM

OWNER OF PROPERTY: _____

APPLICANT / BUILDER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

INFORMATION FOR PROPERTY:

SUBDIVISION: _____ LOT #: _____

PROPERTY ADDRESS / ROAD NAME: _____

DIRECTIONS: _____

PROPERTY LINES MARKED (Y/N): _____ HOUSE SITE STAKED ON LOT(Y/N): _____

SIZE OF LOT: _____ BASEMENT (Y/N): _____ BASEMENT PLUMBING (Y/N): _____

NUMBER OF BEDROOMS: _____ WATER SUPPLY: UTILITY ☐ WELL ☐ SPRING ☐

SQ FT OF HOME (HEATED & COOLED): _____ (1 & 2 BR REQUIRE FLOOR PLAN SUBMISSION)

TYPE OF HOME: SITE BUILT ☐ MOBILE/RV/TINY ☐ EXISTING ☐ OTHER (OFFICE/BUILDING) ☐

TYPE OF FOUNDATION: SLAB ☐ CRAWLSPACE ☐ SITE PLAN (Y/N): _____

IS THIS PERMIT FOR AN UPGRADE? (Y/N): _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE: _____ SIGNATURE: _____

TO BE COMPLETED BY THE HEALTH DEPARTMENT:

DATE PAID: _____ FEE PAID: _____ RECEIPT #: _____ PROJECT #: _____