SEWAGE DISPOSAL SYSTEM
PERMIT APPLICATION

DATE: ______________________

FEES ARE NON-REFUNDABLE

HAVE YOU APPLIED FOR A BUILDING PERMIT?  ____ YES  ____ NO

CHECK ONE:

_____ NEW SYSTEM  $852.00

_____ MAJOR REPAIR (BOTH TANK & DRAINFIELD)  $852.00

_____ MINOR REPAIR (TANK OR DRAINFIELD)  $442.00

_____ ENGINEERED INDIVIDUAL SYSTEM  $976.00

_____ COMMERCIAL SYSTEM  $1097.00

_____ ALTERNATIVE / INNOVATIVE SYSTEM  $2,129.00

_____ SEPTIC SYSTEM ABANDONMENT  $145.00

PROPERTY OWNER’S NAME _____________________________________________ PHONE # __________

MAILING ADDRESS __________________________________________________________

SITE ADDRESS ______________________________________________________________

***ASSESSOR’S PARCEL NO. ____________________________ (MUST BE COMPLETED)

WATER SOURCE __________________________ NUMBER OF WATER SERVICE CONNECTIONS ______

NO. OF BEDROOMS _____ NO. OF POTENTIAL BEDROOMS _____ GARBAGE DISPOSAL - YES / NO

(CIRCLE ONE)

LOCATION OF PROPOSED SEWAGE DISPOSAL SYSTEM (FEET) FROM:

DWELLING ______  PROPERTY LINE ______

WELLS ______  WATER COURSE ______

SLOPE OF PROPERTY ______

AN ACCURATE PLOT PLAN SHALL BE SUBMITTED WITH THIS APPLICATION. (THE SEWAGE DISPOSAL SYSTEM AS WELL AS THE 100% EXPANSION AREA SHALL BE NOTED).

THE APPLICANT SHALL NOTIFY THE ENVIRONMENTAL HEALTH DEPT. PRIOR TO INSTALLATION OF SYSTEM AND PROVIDE THE NAME AND THE CONTRACTOR’S LICENSE NUMBER OF THE INSTALLER.

**PLEASE PROVIDE THE FOLLOWING INFORMATION IF KNOWN WHEN APPLICATION IS SUBMITTED.

NAME OF CONTRACTOR/INSTALLER ____________________________________________

LICENSE NUMBER __________________________ PHONE # ______________________

COMPLETE MAILING ADDRESS ________________________________________________

NOTE: IF FALSE INFORMATION IS SUBMITTED, PERMIT SHALL BE VOID.

PROPERTY OWNER’S SIGNATURE ________________________________________________