SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION

DATE: ______________________

FEES ARE NON-REFUNDABLE

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

CHECK ONE:

_____ NEW SYSTEM  $855.00

_____ MAJOR REPAIR (BOTH TANK & DRAINFIELD)  $855.00

_____ MINOR REPAIR (TANK OR DRAINFIELD)  $445.00

_____ ENGINEERED INDIVIDUAL SYSTEM  $980.00

_____ COMMERCIAL SYSTEM  $1,100.00

_____ ALTERNATIVE / INNOVATIVE SYSTEM  $2,148.00

_____ SEPTIC SYSTEM ABANDONMENT  $151.00

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  _________________________________________________________________