

APPLICATION FOR A SEWAGE DISPOSAL AND/OR WATER SUPPLY PERMIT

Health Department ID _____

To Be Completed By the Applicant

Type of Sewage System:	New	Repair	Expanded	Conditional
FHA/VA	Yes	No	Case No.	
Owner			Phone	
Address		City	State	Zip
Agent			Phone	
Address		City	State	Zip
Directions of Property				
Subdivision		Section	Block	Lot
Other Property Identifications				
Dimension/size of Lot/Property				

Other Application Information

I. Building/facility	New	Existing		
Intermittent Use	Yes	No	If yes, describe	
II. Residential Use	Yes	No		
Termite Treatment	Yes	No		
	Single Family	Multi-family		
	(Number of Bedrooms)	(Number of Units)		
Basement	Yes	No		
Fixtures in Basement	Yes	No		
III. Commercial Use	Yes	No	Describe	
Commercial/Wastewater	Yes	No	Number of Patrons	
			Number of Employees	

If yes, give volumes and describe

IV. Water Supply	Public	New	Existing
	Private	New	Existing

Describe:

V. Proposed Sewage Disposal Method:				
Onsite Sewage Disposal System:	Septic Tank Drainfield	LPD	Mound	Other
Public Sewerage System				

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances may be paced or estimated.

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the department to enter onto the property described for the purpose of processing this application.

Signature of Owner/Agent _____

Date _____