



HEALTH DEPARTMENT

Division of Environmental Health

APPLICATION FOR PERMIT
TO CONSTRUCT SUBSURFACE SEWAGE SYSTEM (LAYOUT)

OWNER OF PROPERTY: _____

APPLICANT or BUILDER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # (DURING WORKING HOURS): _____

CELL # _____ Email: _____

IS LOT IN A SUBDIVISION, NAME: _____

LOT # _____ BLOCK OR PHASE _____ UNIT OR SECTION _____

ROAD _____

PROPERTY ADDRESS: _____

DIRECTIONS: _____

ARE PROPERTY LINES MARKED? _____ IS HOUSE SITE STAKED? _____

SIZE OF LOT _____ BASEMENT: YES _____ NO _____ BASEMENT PLUMBING: _____

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

SQUARE FEET of HOME _____ TYPE OF FOUNDATION: _____ SLAB _____ CRAWLSPACE
(Heated and Cooled)

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

DATE: _____ SIGNATURE: _____

TO BE COMPLETED BY HEALTH DEPARTMENT

DATE FEES PAID _____

FEES PAID _____

RECEIPT # _____