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Public Health

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West _____ East _____
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IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION APPLICATION

- Improvement Permit Construction Authorization Construction Authorization (REPAIR)

Applicant: _____
 Mailing Address: _____

 City: _____
 State: _____ Zip: _____
 Phone #: _____
 Email: _____

Owner: _____
 Mailing Address: _____

 City: _____
 State: _____ Zip: _____
 Phone #: _____
 Email: _____

Parcel ID: _____ Property Acreage: _____
 Date Parcel Originally Deeded and Recorded: _____
 Site Address: _____
 Subdivision (if applicable) _____ Lot #: _____ Block: _____ Section: _____

Directions to property: _____

Wastewater System Request: New Expansion System Relocation Change of Use Repair
 Facility Type (House, Restaurant, Office, etc.): _____
 Number of bedrooms: _____ Number of Occupants: _____ Other: _____
 If Commercial Facility: Number of seats: _____ Number of Employees: _____ Other: _____
 Basement? Yes No Basement Fixtures? Yes No
 Crawl Space? Yes No Slab Foundation? Yes No
 Is a grinder pump proposed before the septic tank? Yes No
 Type of Water Supply: Private well Public well Shared well Municipal Supply
 Are there any existing wells, springs, or waterlines on this property? Yes No
 Desired system type(s):
 Any Accepted Conventional Innovative Other _____

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the site subject to approval by any other public agency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any easements or right of ways on this property?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any existing wastewater systems on this property?

*I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)***

Property owner's signature (required) _____ Date _____ Applicant's signature _____ Date _____
***Must provide documentation to support claim as owner's legal representative.**

