

Application Date: _____
 Amount Paid: _____
 Receipt #: _____



Tax Map: _____
 Parcel#: _____

Application for Services

Services Requested

<input type="checkbox"/> Improvement Permit (Site Evaluation) \$200.00/\$300.00 (if ≥ 600 gpd)	<input type="checkbox"/> Construction Authorization (Fee is dependent on the type of system permitted)
<input type="checkbox"/> Mobile Home Replacement or Building Addition \$150.00 (if site visit required)	<input type="checkbox"/> Permit Revision \$75.00
<input type="checkbox"/> Well Permit (New/Replacement/Repair) \$300.00/\$200.00/\$75.00	<input type="checkbox"/> Repair of Existing Septic System Application: No Charge/ CA \$150.00 or \$300.00

1) Applicant Information:

Name: _____ Phone (home): _____
 Address: _____ (work/cell): _____

2) Name and address of current owner (if different than applicant):

Name: _____ Phone: _____
 Address: _____

3) Property Description: Lot Size: _____ Subdivision: _____ Lot #: _____

Address and/or directions to Property: _____

- yes no Does the site contain any jurisdictional wetlands?
- yes no Does the site contain any existing wastewater systems?
- yes no Is any wastewater going to be generated on the site other than domestic sewage?
- yes no Is the site subject to approval by any other public agency?
- yes no Are there any easements or right of ways on this property?
(if 'yes' is checked, please provide supporting documentation)

4) Proposed Use and Type of Structure:

Residential

New Single Family Residence Maximum number of bedrooms: _____ / Occupants: _____
 Expansion of Existing System If expansion: Current number of bedrooms: _____
 Repair to Malfunctioning System Will there be a basement? yes no With plumbing fixtures? yes no

Non-Residential

Type of business: _____ Total Square footage of Building: _____
 Maximum number of employees: _____ Maximum number of seats: _____

5) Water Supply: New well Existing Well Community Well Public Water Spring

Are there any existing wells, springs, or existing waterlines on this property? yes no
 Please note any known ground water restrictions or sources of contamination: _____

6) If applying for 'Authorization to Construct', please indicate preferred system type(s):

Conventional Accepted Innovative Alternative Other _____ Any

I certify that the information provided above is complete and correct. I also understand that if the information provided is inaccurate, the site is subsequently altered, or the intended use changes, all permits and approvals shall be invalid.

Signature (Owner/ Legal Representative*)

Date

* Supporting documentation required.

- Permits are valid for either 60 months or are non-expiring when accompanied by an approved plat.
- A completed 'Lot Preparation' form must accompany any application requiring a site evaluation.