

**ALL PERMIT FEES ARE  
NON-REFUNDABLE  
ONE PERMIT PER SYSTEM**

### On-Site Sewage Facilities Permit Application

Permit Number	
Date	
Amount Paid	Receipt #

Authorized Agent: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_  
(Last) (First) (Middle) Email: DL# State

Mailing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(# & Street Name (or) P.O. Box # & Route # & Box #) (City) (Zip)

Telephone Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) and (Work) and/or (Other)

Site Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Address Required) (# & Street Name (or) P.O. Box # & Route # & Box #) (City) (Zip)

Lot \_\_\_\_\_, Block \_\_\_\_\_, Subdivision \_\_\_\_\_, Unit # \_\_\_\_\_

Acreage \_\_\_\_\_, Survey Name \_\_\_\_\_, Abstract \_\_\_\_\_, Deed Volume \_\_\_\_\_, Page \_\_\_\_\_

Tract \_\_\_\_\_, Section \_\_\_\_\_, GEO Number: \_\_\_\_\_

Water Usage Rate "Q"(gallons per day): \_\_\_\_\_ Water saving devices:  Yes  No

Source of Water:  Private Well  Public Water Supply – Name: \_\_\_\_\_

Single Family Residence: Number of Bedrooms \_\_\_\_\_ Square Footage Living Area \_\_\_\_\_

Commercial/Institutional/Multi-Family: Type: \_\_\_\_\_

Name of Business: \_\_\_\_\_

No. of Employees/Occupants/Units: \_\_\_\_\_ Days Occupied Per Week: \_\_\_\_\_

Site Evaluator: \_\_\_\_\_ Registration Number & Type: \_\_\_\_\_

Designer: \_\_\_\_\_ Registration Number & Type: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Installer: \_\_\_\_\_ Registration Number & Type: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Street, P.O. Box, or Route/City/Zip)

I hereby certify that under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that the information is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation or falsification may result in denial of my application. Authorization is hereby granted for the Permitting Authority to enter the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and related activities. A permit to operate the facility will be granted following a successful inspection of the system.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Date)

**(ATC) AUTHORIZATION TO CONSTRUCT GRANTED BY:** \_\_\_\_\_

LICENSE NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (ATC) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS **"AUTHORIZATION TO CONSTRUCT"**, BASED ON PLANNING MATERIALS RECEIVED BY THIS DATE.

**(AO) INSPECTED AND APPROVAL TO OPERATE GRANTED BY:** \_\_\_\_\_

LICENSE NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (AO) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS **"NOTICE OF APPROVAL TO OPERATE"**, BASED ON FINAL SYSTEM INSPECTION, TO INCLUDE ANY APPROVED CHANGES OR MODIFICATIONS MADE AFTER RELEASE OF AUTHORIZATION TO CONSTRUCT.