

PERMIT APPLICATION

Application expires one year from date of submittal

Type of Application: Septic _____ Well and Septic _____ Well _____

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PROPERTY INFORMATION

Property tax ID# _____
Road/Address _____ Township _____
Lot/Parcel# _____ Parcel size _____ Section# _____
Subdivision name _____

LANDOWNER INFORMATION

Name _____ Address _____
City _____ State _____ Zip _____
Day time phone# _____

If
other
than
owner

APPLICANT INFORMATION

Name _____ Address _____
City _____ State _____ Zip _____
Day time phone# _____

SEPTIC PERMIT INFORMATION

Application for: New _____ Existing _____ Reissue of Permit# _____ Relocation of Permit# _____
Type of building: Residential _____ Number of bedrooms _____ Mechanical garbage disposal: Yes/No
Commercial _____ Food service: Yes/No
Other _____

WELL PERMIT INFORMATION

Application for: New _____ Replacement _____ Type III _____ Other _____
Type of Heat: Propane _____ Gas _____ Fuel Oil _____ Other (specify) _____

- ★ SITE PLANS WILL BE REQUIRED
- ★ WELL APPLICATIONS MUST BE BROUGHT TO OUR OFFICE. (DO NOT MAIL).
- ★ WELL OWNER'S ARE RESPONSIBLE FOR SUBMITTING AN APPROVED BACTERIOLOGICAL WATER SAMPLE

The information provided on this application is true and correct to the best of my knowledge.

Signature _____ Date ____/____/____