

Application for Permit to Construct an Individual Sewage Treatment and Disposal System

lome Phone No.: Work Phone No.:	FILE #:
(Name)	(Mailing Address)
(City/Town)	(State) (Zip Code)
ereby make application for a Permit to Construct an Indi	vidual Sewage Disposal System to serve a:
•	ify):
	, Lot #:
	Tax Map #:
	Applicant's Sketch Of Proposed
LOT INDENTIFICATION	Installation On Lot
(DATE SITE WILL BE STAKED & READY FOR EVALUATION) ***SEE INSTRUCTION SHEET***	Sketch must show dimensions, proposed and existing structures, proposed pool, proposed or existing wells (including wells on adjoining property), proposed septic tank location, proposed drive, and indicate distance from proposed building to road and property lines. Attach copy of deed describing boundaries or plat.
PLEASE GIVE EXACT DIRECTIONS TO LOT	
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lo. Bedrooms:	If commercial establishment, answer following:
Basement: Full □ Partial □ None: □	Type of Business:
Plumbing in Basement: Yes □ No □	Number of Number of Occupants: Employees:
Vell: Existing □ Proposed □ None □	Other
Public Water: Yes □ No □	(i.e. seating capacity, meals per day)
	Public Number of Hours Restrooms: of Daily Operation:
nformation not in conformance with actual conditions on the preprint of the pr	roperty will void the Permit to Construct. Itives to enter the above-described property at reasonable hours for t
Date	Property Owner or Agent's Signature