Application Date: Amount Paid: Receipt #:	 	Mar Carlor	PERSON
κετειρι π.	 	Environn	nental Health

Tax Map:	
Parcel#:	

Application for Services

	Requested		
Improvement Permit (Site Evaluation)	Construction Authorization		
$200.00/300.00 \text{ (if } \ge 600 \text{ gpd)}$	(Fee is dependent on the type of system permitted)		
Mobile Home Replacement or Building Addition	Permit Revision		
\$150.00 (if site visit required)	\$75.00		
Well Permit (New/Replacement/Repair)	Repair of Existing Septic System		
\$300.00/\$200.00/\$75.00	Application: No Charge/ CA \$150.00 or \$300.00		
1) Applicant Information: Name:	Phone (home):		
Repair to Malfunctioning System Will there be a basemed Image: Non-Residential Type of business: Maximum number of employees:	t number of bedrooms: ent? □ yes □ no With plumbing fixtures? □ yes □ no Total Square footage of Building: Maximum number of seats:		
	existing waterlines on this property? \Box yes \Box no		
6) If applying for 'Authorization to Construct', please in □ Conventional □ Accepted □ Innovative □ Alternation	ive Other Other Any		
I certify that the information provided above is complete and inaccurate, or if the site is subsequently altered, or the intend	l correct. I also understand that if the information provided is ded use changes, all permits and approvals shall be invalid.		
Signature (Owner/ Legal Representative*) Date			
* Supporting documentation required.	Dutt		
Supporting documentation required.			
 Permits are valid for either 60 months or are non- A completed 'Lot Preparation' form must accompted 	-expiring when accompanied by an approved plat. pany any application requiring a site evaluation.		