



IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION APPLICATION

Improvement Permit

Construction Authorization

Applicant: _____
 Mailing Address: _____

 City: _____
 State: _____ Zip: _____
 Phone #: _____
 Email: _____

Owner: _____
 Mailing Address: _____

 City: _____
 State: _____ Zip: _____
 Phone #: _____
 Email: _____

PIN/Lot Identifier: _____ Property Acreage: _____
 Date Parcel Originally Deeded and Recorded: _____
 Property Address: _____
 Subdivision (if applicable) _____ Lot #: _____ Block: _____ Section: _____

Directions to property: _____

Wastewater System Request: New Expansion System Relocation Change of Use Repair
 Please describe your project: _____
 Facility Type (House, Restaurant, Office, etc.): _____
 Number of bedrooms: _____ Number of Occupants: _____ Other: _____
 Number of seats: _____ Number of Employees: _____ Other: _____
 Basement? Yes No Basement Fixtures? Yes No
 Crawl Space? Yes No Slab Foundation? Yes No
 Is a grinder pump proposed before the septic tank? Yes No
 Type of Water Supply: Private well Public well Shared well Municipal Supply Spring Other: _____
 Are there any existing wells, springs, or existing waterlines on this property? Yes No
 If applying for a Construction Authorization, please indicate desired system type(s):
 Accepted Conventional Innovative Other _____ Any

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the site subject to approval by any other public agency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any easements or right of ways on this property?

*I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)***

 Property owner's signature (required) Date Applicant's signature (required) Date

***Must provide documentation to support claim as owner's legal representative.**

HOMEOWNER INTERVIEW FORM

Name: _____ Date: _____

Address: _____
City State Zip

Phone Number _____ (Home/Work) _____ (Cell)

Installer of system: _____

Septic Tank Pumper: _____

Designer of System: _____

How often is the system pumped: _____ Date last pumped: _____

Please fill out the following to the best of your knowledge for the property above:

of Bedrooms permitted _____ # of people who live in the house: # Adults _____ # Children _____

Average daily water usage: _____

Do you have (please mark all that apply):

_____ Dishwasher - How often is it used? _____

_____ Garbage Disposal - How often is it used? _____

_____ Washing machine - How often is it used? _____

_____ "In the tank" toilet bowl sanitizer - How often is it replaced? _____

_____ Water softener/Water treatment system – Where does it drain? _____

_____ Underground lawn-watering system?

_____ Underground Utilities – Check which types:

Power _____ Phone _____ Cable _____ Gas _____ Water _____

Are any of the following disposed down the drain (please mark all that apply):

_____ Household Cleaners/Chemicals – Type(s) _____

_____ Other Chemicals/Paint/Paint Thinners – Type(s) _____

Please indicate which of the following (if any) have been added to the home:

_____ Water Fixtures (spas, whirlpools, bathroom fixtures, etc.) – Please indicate type and #

Bathroom fixtures: _____

Spa/Whirlpool: _____

Other: _____

_____ New gutter drains/underground gutter drains

_____ New Basement/foundation drains

_____ New landscaping

_____ Other – Please describe: _____

Please describe with as much detail what happens when you have a problem with your septic system:

When did you first notice the problem?

Does the problem seem to be linked to a specific event? (Washing Clothes, heavy rains, company coming over, etc.?)

*PLEASE NOTE – the use of long-term prescription drugs, like antibiotics or chemotherapy, can impact the function of your septic system. If a resident of your home is currently on heavy or long-term doses of medication, PLEASE let the inspector assigned to your repair know.