

APPLICATION FOR SANITARY CONSTRUCTION PERMIT

OWNER INFORMATION:

NAME: _____ EMAIL: _____

MAILING ADDRESS: _____

CELL PHONE: _____ DAY PHONE: _____

PROPERTY INFORMATION:

911 ADDRESS: _____

MAP: _____ BLOCK: _____ PARCEL: _____ LOT: _____ LOT/PARCEL SIZE: _____ PROPERTY ID #: _____

SUBDIVISION NAME (IF APPLICABLE): _____

TYPE OF CONSTRUCTION:

o NEW / o REMODELING / o ADDITION / o NO CONSTRUCTION OTHER THAN: o WATER SUPPLY o SEWAGE DISPOSAL

PROPOSED/CURRENT STRUCTURE USAGE:

- RESIDENTIAL (NUMBER OF BEDROOMS _____)
- COMMERCIAL (USE _____ NUMBER OF PERSONS _____)

WATER SUPPLY:

- NEW
- REPLACEMENT (REASON _____)
- EXISTING

TYPE OF WATER SUPPLY: (IRRIGATION, RESIDENTIAL ETC) _____

SEWAGE SYSTEM: (CRITICAL AREA ___ YES ___ NO)

- NEW
- REPAIR
- TANK REPLACEMENT ONLY

APPLICANT SIGNATURE: _____ **DATE:** _____

PLEASE NOTE: THIS IS AN INTERIM PERMIT APPLICATION. THE PERMIT ISSUED IS FOR AN INTERIM INDIVIDUAL WATER AND/OR INTERIM INDIVIDUAL SEWAGE SYSTEM. THE APPLICANT OR ANY FUTURE OWNER MUST DISCONTINUE USE OF THESE INDIVIDUAL SYSTEM(S) AND CONNECT TO THE COMMUNITY SYSTEM WHEN IT BECOMES AVAILABLE.

IMPORTANT: NO BUILDING CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING DORCHESTER COUNTY HEALTH DEPARTMENT PERMIT(S).

FEE COLLECTED: \$ _____ RECEIPT # _____ RECEIVED BY: _____

WELL TAG #: DO _____ SEPTIC PERMIT # _____ APPROVED BY : _____