

PLEASE PRINT

Name: _____ Mailing Address: _____ City/State/Zip _____

Home Phone: _____ Business/Mobile Phone: _____ E-mail Address: _____

Street Address for Site: _____ Zip: _____ Subdivision: _____ Lot/Section: _____

Directions to Property: _____

| | | |
|--|----------------------------|--|
| Installation for: | County Sewer: (YES) (NO) | Tax Parcel # _____ |
| Residence: _____ | Lot Size: _____ | Industry or Business: _____ |
| Industrial / Commercial _____ (Type) _____ | Number of Bedrooms: _____ | Number of Employees: _____ |
| Duplex: _____ | Number of Occupants: _____ | Number/Type of water using fixtures: _____ |
| | Private Well: (YES) (NO) | |
| | Public System Name: _____ | |

TO MAKE APPLICATION FOR ENVIRONMENTAL HEALTH SERVICES YOU MUST SUBMIT A PLAT OR SITE PLAN DRAWN TO SCALE OF YOUR PROPERTY WITH THIS APPLICATION.

- Mobile Home Replacement _____
- Building Addition/Conversion _____
- Swimming Pool (Private) _____
- Well Abandonment _____
- Well Permit (new / replacement) _____
- Well Repair/Reconstruction _____
- Water Sample (Bacteriological) _____
- Water Sample (Inorganic) _____
- Water Sample (Organic) _____
- Water Sample (Resample) _____
- Permit Revision _____

Please show the location of the residence or building, including driveways, and any other improvements/additions (pools, decks, etc.)

Please submit storm water plans for Subdivisions and Commercial Developments.

Permits issued pursuant to this application shall not be affected by change in ownership provided the site plan remains unchanged.

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. It is understood that any permit issued hereafter is subject to suspension or revocation if the site plans or the intended use change or if the information submitted on this application is falsified.

OFFICE USE ONLY:

Amount Received: \$ _____ Receipt #: _____

Cash _____ Check # _____ Credit Card _____

 Property owner's or owner's legal representative** signature (required) Date

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