

<p>Tax Parcel Number _____</p> <p>Site Address: _____</p> <p>City/State/Zip: _____</p> <p>Developmt/Subd.: _____</p> <p>Lot/Phase/Section: _____ Bldg. _____ Unit _____</p> <hr/> <p>APPLICANT: ___ Owner ___ Project Contact Person/Authorized Rep. ___ Contractor/Builder-License # & Classification _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone _____ Fax _____ Other _____</p> <hr/> <p>Project Contact Person: _____</p> <p>Address: _____</p> <p>City/State/Zip _____</p> <p>Phone _____ Fax _____ Other _____</p> <hr/> <p>Name of Original Owner _____</p> <p>Year House Built/Septic Tank Installed: _____</p> <p>Date Property Originally Deeded & Recorded: _____</p> <p>Plat/Property Approved Conditionally by the Planning Dept.? ___ Yes-Attach copy of Conditions ___ No</p> <p><small>*Plat also means, for subdivision, lots approved by the local planning authority & recorded with the County Register of Deeds, a copy of the recorded subdivision plat that is accompanied by a site plat that is drawn to scale.</small></p> <hr/> <p>One of the Following Must be Submitted: ___ Site Plan Provided- Valid for five years. A new application must be filed for the expired improvement permit. Authorization for Wastewater System Construction (ATC) is good for only five years. ___ Plat Provided- Is valid without expiration if drawn by a Registered Land Surveyor (RLS) to a scale of 1" equals no more than 60 feet. Authorization for Wastewater System Construction (ATC) is good for only five years, at which time it must be renewed.</p>	<p>Application for: ___ New Septic System/Soil Evaluation (\$100) Type of On-Site Wastewater System Desired: ___ Conventional ___ Innovative Modified ___ Conventional ___ Alternative Driven ___ Other _____</p> <p>___ New Well (\$100) Type of Well: ___ Drilled ___ Bored ___ Driven</p> <p>___ Swimming Pool/Addition (\$45)</p> <p>___ VA Letter (\$10)</p> <p>___ Authorization in Writing (\$25)</p> <p>___ Occupancy (\$40) TOTAL FEE: \$ _____</p> <hr/> <p>Request for: ___ New Home ___ Existing Home</p> <p>Type of Establishment/Residence: ___ House ___ Manf. Home ___ Other _____</p> <p>Sq. Footage of Residence/Bldg: _____ # People _____</p> <p># Existing Bedrooms _____ # Additional Bedroom _____</p> <p>Basement Plumbing Fixtures Proposed? ___ Yes ___ No</p> <p>Zone: _____ Zoning Permit #: _____</p> <hr/> <p>House Bill 53(D)-If a Local Health Dept. repeatedly fails to issue or deny improvement permits for conventional septic tank systems within 60 days of receiving completed applications for the permits, then the Dept. of Environment, Health & Natural Resources may withhold public health funding from that local health dept.</p> <hr/> <p>I hereby make application to the Cumberland County Health Dept. for a site evaluation for the on-site sewage disposal system for the above-described property. I agree that the contents of this application are true and represent the maximum facilities to be placed on the property. I understand that as applicant, I am responsible for identifying & marking property lines, corners and making the site accessible for the Personnel of the Cumberland County Health Dept. to conduct their evaluations. I additionally understand that I am responsible for notifying the Health Dept. if my property contains any wetlands as designated by the Army Corp of Engineers, & if the site is subject to approval by other public agencies.</p> <p>Owner/Agent Signature: _____ Date: _____</p>
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