
APPLICATION FOR SANITATION/HEALTH REVIEW

Location address: _____ Map # _____ Lot # _____

Applicant: Name: _____ Phone #: _____

Address: _____ Cell #: _____

Property Owner: Name: _____ Phone #: _____

Mailing Address: _____ Cell#: _____

Type of Review (check which apply):

Addition (describe and provide house plans of before and after): _____

Barn/Shed (describe size and if footing drains are planned): _____

Pool (describe if in-ground or above ground): _____

Deck (provide size): _____

Septic Proposal (New or Repair)

Other (provide details): _____

Number of Bedrooms? Currently: _____ Proposed: _____

Soil Test Data on file in Health Department? Yes _____ No _____ (See Sanitarian)

Has the septic tank been pumped out within the past 5 years? Yes _____ No _____

Applicants Signature: _____ Date: _____

Fee \$ _____ Paid by check # _____ Date _____

Addition/barn/pool/deck - \$100 Home Septic Repair - \$75 Home Septic New - \$100

Commercial (see Fee Schedule)

Office only: Approved / Not Approved

Comments: _____

Sanitarian Signature _____ Date: _____