STAKED

WILL CALL

UNCOVERED PUMPED

HAMILTON COUNTY DIVISION OF GROUNDWATER PROTECTION

Application for SSSDS Permit / Lot Reviews

FEES DUE

1.	SERVICE REQUESTED: (check service)		FEES DUE
		:: # of lots	\$ <u>150.00 per lot</u>
	Evaluated for maximur	n # of bedrooms:	
	Lot Review		\$ <u>150.00 per lot</u>
	All applications will need to add	an administration fee of \$5.00 per	application
2.	APPLICANT		
	Name:		Phone number:
	City, State, Zip: Email address:		
	I OCATION OF BROBERTY / LOT	a) Cub division Name.	I at #
3.	LOCATION OF PROPERTY / LOT: a) Subdivision Name: Lot #		
	b) Address of property		
	c) If property is not part of a subdivision, please give specific directions to property:		
4.	FOR SSSDS PERMIT ONLY: a) I	Dimensions of house	Number of bedrooms
	Excavated basement?	Basement Plumbing Fixtures?	
	Water supply:	Other	
	Is the lot staked?	If not, date it will be stake	
	Is the House staked?	If not, date it will be staked	
	Installer, if known:	,	
	Please call (423-209-7876) or email gwp@hamiltontn.gov when house site is staked		
	1 10000 0011 (4-0 10)	7. 0 <u>9. b (</u>	<u>80.</u> 11.2022 220 0000 0220 20 02021000
5.	MAKE A ROUGH SKETCH ON BACK OF THIS PAGE SHOWING DIRECTIONS TO PROPERTY, PROPERTY LINES, HOUSE SITE, WELL LOCATION, SPRING LOCATION, AND ALL DRIVEWAYS,		
	DECKS, POOLS, UTILITIES, ET		LOCATION, AND ALL DRIVEWAYS,
	,		
6.	ALL NON-REFUNDABLE EES ARE I Trustee	DUE IN ADVANCE. Make c	heck payable to: Hamilton County
7.	I certify that the above information is true and correct to the best of my knowledge, and that <u>I have been authorized</u> to		
1.	submit this Application to the Division of Groundwater Protection.		
D.4	TE. CIONATURE	ARACITAMA	NID DECEIPT "
DΑ	ie;Signature	AMOUNT PA	AID RECEIPT #