

**HAMILTON COUNTY
DIVISION OF GROUNDWATER PROTECTION**

Application for SSSDS Permit / Lot Reviews

**APPLICANT
COMPLETE QUESTIONS: FEES DUE**

1. SERVICE REQUESTED: (check service)

_____	Septic system Construction Permit		
_____	Dwelling	2, 3, 4, 7, 8, 9	\$ 400.00 per permit
_____	Commercial (gpd)	2, 3, 4, 7, 8, 9	\$ 400.00 per permit
_____	System modification	2, 3, 4, 7, 8, 9	\$ 400.00 per permit
_____	Repair	2, 3, 4, 7, 8, 9	\$ N/C
_____	Subdivision Evaluation: # of lots _____	1, 2, 3, 7, 8, 9	\$ 80.00 per lot
	Evaluated for maximum # of bedrooms: _____		
_____	Lot Review	2, 3, 4, 7, 8, 9	\$ 80.00 per lot

2. APPLICANT

Name: _____ Phone number: _____
 Address: _____
 City, State, Zip: _____ Email address: _____

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) Dimensions of house _____ Number of bedrooms _____

Excavated basement? Yes _____ No _____ Basement Plumbing Fixtures? Yes _____ No _____
 Water supply: Public: _ Well _____ Other _____
 Is the lot staked? _____ If not, date it will be staked: _____
 Is the house staked? _____ If not, date it will be staked: _____
 Installer, if known: _____

7. 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, ETC.

8. ALL FEES ARE DUE IN ADVANCE. Make check payable to: Hamilton County Trustee

9. I certify that the above information is true and correct to the best of my knowledge, and that I have been authorized to submit this Application to the Division of Groundwater Protection.

DATE: _____ **SIGNATURE** _____ **AMOUNT PAID** _____ **RECEIPT #** _____