

**HAMILTON COUNTY
DIVISION OF GROUNDWATER PROTECTION**

Application for SSSDS Permit / Lot Reviews

**APPLICANT
COMPLETE QUESTIONS: FEES DUE**

1. SERVICE REQUESTED: (check service)

<input type="checkbox"/>	Septic system Construction Permit		
<input type="checkbox"/>	Dwelling	2, 3, 4, 7, 8, 9	\$ 400.00 per permit
<input type="checkbox"/>	Commercial (gpd)	2, 3, 4, 7, 8, 9	\$ 400.00 per permit
<input type="checkbox"/>	System modification	2, 3, 4, 7, 8, 9	\$ 400.00 per permit
<input type="checkbox"/>	Repair	2, 3, 4, 7, 8, 9	\$ <u>N/C</u>
<input type="checkbox"/>	Subdivision Evaluation: # of lots _____ . . .	1, 2, 3, 7, 8, 9	\$ 80.00 per lot
	Evaluated for maximum # of bedrooms: _____		
<input type="checkbox"/>	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 _____

Please call (423-209-7860) or email gwp@hamiltontn.gov when house site is 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 NON-REFUNABLE 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 #** _____