

**HAMILTON COUNTY  
DIVISION OF GROUNDWATER PROTECTION**

**Repair Permit Application**

**FEES DUE**

1. **SERVICE REQUESTED:** (check service)

\_\_\_\_\_ Repair . . . . . \$ N/C

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 (423-209-7876) or email [gwp@hamiltontn.gov](mailto: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 # \_\_\_\_\_