

**HAMILTON COUNTY
DIVISION OF GROUNDWATER PROTECTION**

Repair Permit Application

FEES DUE

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

_____ Repair	\$ <u>N/C</u>
_____ Issuance	\$ <u>35.00</u>
_____ Admin Fee	\$ <u>5.00</u>

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 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 # _____