

Permit Number: \_\_\_\_\_  
(Office Use Only)

**Davidson County Health Department**  
**Application for Improvement Permit/Authorization to Construct**

**Improvement Permit** \_\_\_\_\_ **Date Site Ready to Evaluate** \_\_\_\_\_  
Submit **current** site drawing & application Structure staked, property lines marked  
**Construction Authorization** \_\_\_\_\_ **Proposed System Type (required)** \_\_\_\_\_  
Submit **current** scale drawing of site & Approved system sheet with type selected & application  
**Building Authorization** \_\_\_\_\_ **Date Application Submitted** \_\_\_\_\_  
Submit **current** site drawing & application \_\_\_\_\_

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. THE PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. THIS APPLICATION IS VALID FOR 1 YEAR FROM DATE OF SUBMISSION.**

**APPLICANT INFORMATION:** email address \_\_\_\_\_

Permit Requested By \_\_\_\_\_ Complete Mailing Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Property Owner \_\_\_\_\_ Complete Mailing Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**PROPERTY INFORMATION**

Township \_\_\_\_\_ Tax Map \_\_\_\_\_ Lot Number \_\_\_\_\_ Road \_\_\_\_\_  
Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Directions to site: \_\_\_\_\_

**DEVELOPMENT INFORMATION**

House \_\_\_\_\_ Manufactured Home \_\_\_\_\_ Other \_\_\_\_\_  
Repair to Existing Septic Tank System \_\_\_\_\_ Expansion of Existing System \_\_\_\_\_

**NEW CONSTRUCTION ONLY: REQUESTED SEPTIC SYSTEM LOCATION**

Front (road facing) \_\_\_\_\_ Back \_\_\_\_\_ Do not care \_\_\_\_\_ Other \_\_\_\_\_

Residential Info: # Bedrooms \_\_\_\_\_ Basement (Y/N) \_\_\_\_\_ if Y, Fixtures \_\_\_\_\_ # of Occupants \_\_\_\_\_

Non-Residential Info: Type of Business \_\_\_\_\_ # of Employees \_\_\_\_\_ # of Seats \_\_\_\_\_  
Total Square Footage of building \_\_\_\_\_ Other \_\_\_\_\_

Water Supply: Public \_\_\_\_\_ New Well \_\_\_\_\_ Existing Well \_\_\_\_\_ Community Well \_\_\_\_\_

Does this property: 1) Have any designated wetlands? \_\_\_\_\_ 2) Subject to approval by any other public agency(Planning & Zoning, DOT, etc) \_\_\_\_\_ Will there be any wastewater generated other than domestic sewage? \_\_\_\_\_ If yes, explain \_\_\_\_\_

I have read this application and information sheet attached and certify that the information provided in this application is true, complete and correct to the best of my knowledge. Authorized county and state officials are granted right of entry to conduct necessary inspections. **I understand that I am solely responsible for the proper identification and labeling of all property lines and making the site accessible for this evaluation.**

**Property Owner / Legal Representatives Signature** \_\_\_\_\_

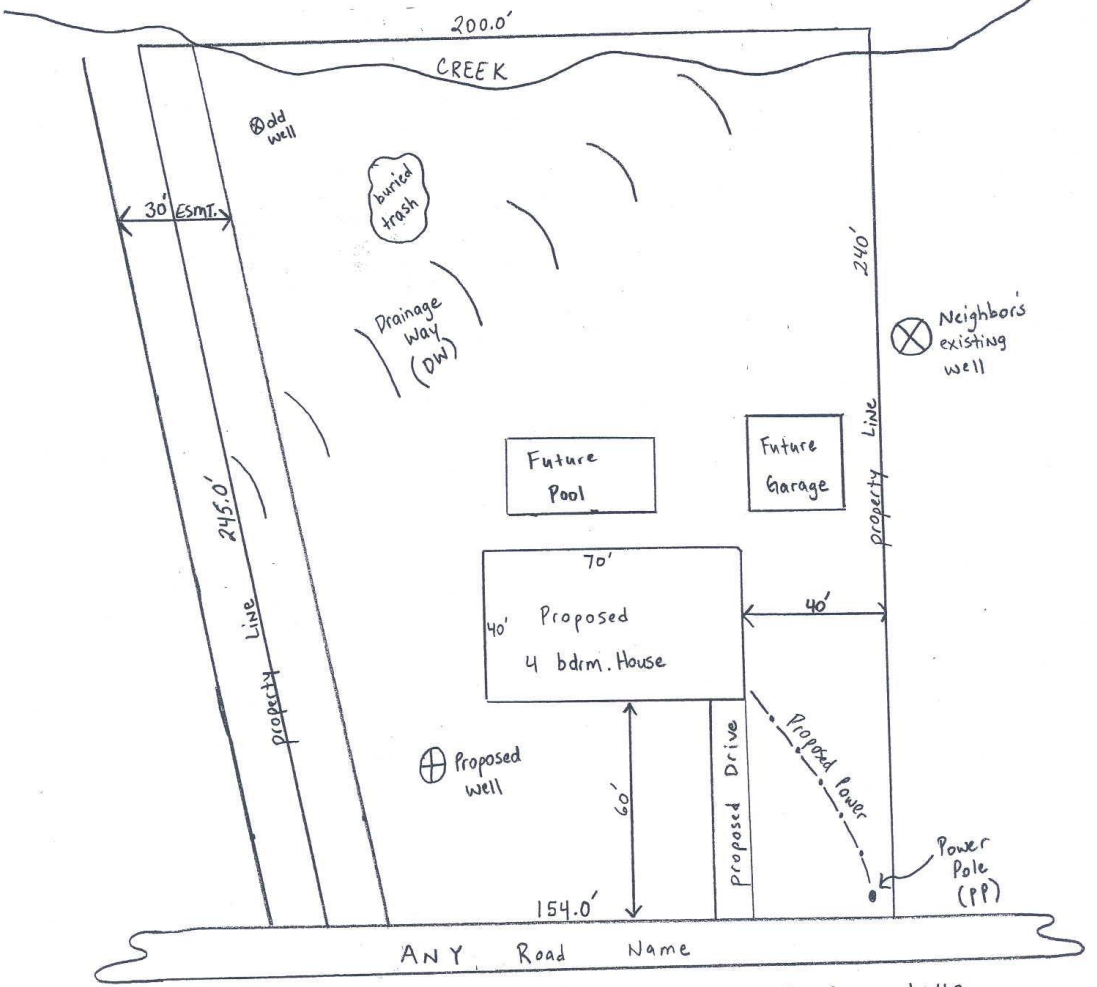
(Office Use Only)

Initial Site Visit Date \_\_\_\_\_ San ID \_\_\_\_\_ IP Date \_\_\_\_\_ San ID \_\_\_\_\_  
ATC Date \_\_\_\_\_ San ID \_\_\_\_\_ BA Date \_\_\_\_\_ San ID \_\_\_\_\_  
GRID \_\_\_\_\_

# SAMPLE SITE PLAN

Applicant Name: \_\_\_\_\_

Township: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Lot Number: \_\_\_\_\_



Scale: 1:40