

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.**

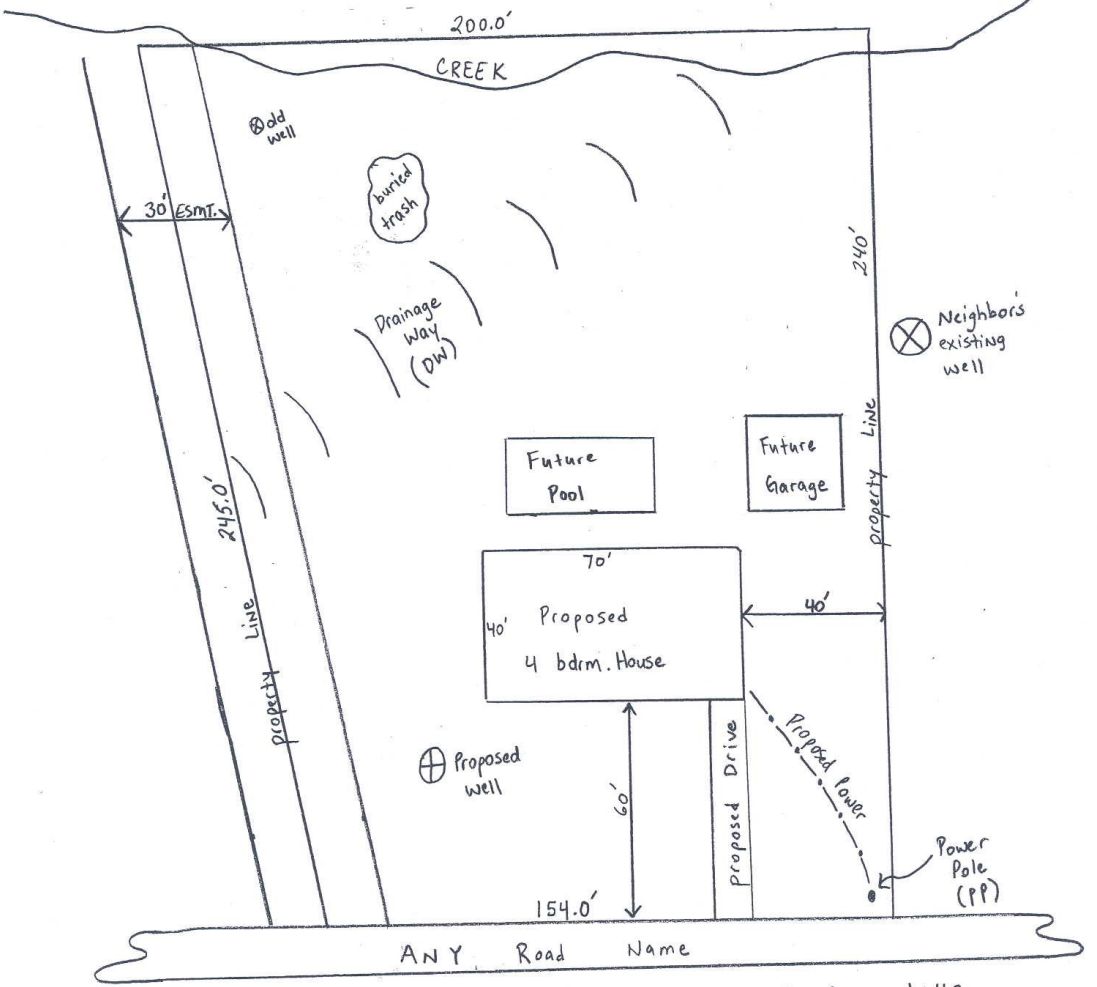
Property Owner / Legal Representatives Signature

(Office Use Only)
Initial Site Visit Date _____ San ID _____ IP Date _____ San ID _____
GRID _____
ATC Date _____ San ID _____ BA Date _____ San ID _____

SAMPLE SITE PLAN

Applicant Name: _____

Township: _____ Tax Map: _____ Lot Number: _____



Scale: 1:40