

PLANNING & ZONING REVIEW APPLICATION TO CONNECT TO AN EXISTING SYSTEM

Note: Individuals requesting to repair, replace and/or make changes to an existing structure or dwelling, such as remodeling or connecting to an abandoned system, must follow the State's guidelines found in Section 1.7 of the State's Technical Guidance Manual (TGM).

Applicant's Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Location of System: Address: _____ City: _____

Legal Description: Township: _____ Range: _____ Section: _____ County: _____

Subdivision Name (If applicable): _____ Division: _____ Lot: _____ Block: _____

Please explain nature of request and attach a plot plan and floor plans to this application:

Present # of Bedrooms: _____ Total # of Future Bedrooms: _____

Disclaimer: *I understand if approval is given and if this causes the existing septic to fail or violate the intent of the rules, that I agree to correct the problem immediately in accordance with current rules (includes obtaining a permit and paying applicable fees).*

Signature: _____ Date: _____

EIPH Use Only

Permit on File: Yes _____ No _____ System Approved: Yes _____ No _____ Permit Number: _____

Name of original permit holder: _____ Installed by: _____

If no permit exists or system disapproved, on-site evaluation will be required.

AUTHORIZED TO CONNECT TO EXISTING SYSTEM: GRANTED _____ DENIED _____

AUTHORIZED TO CONNECT TO ABANDONED SYSTEM: GRANTED _____ DENIED _____

AUTHORIZED TO ADD ADDITION OR ALTERATIONS: GRANTED _____ DENIED _____

CONDITIONS and/or COMMENTS: _____

By: _____ Date _____

EHS Signature

Date

Travel Time: _____ Inspection Time: _____ Processing Time: _____

Fee Paid: _____ Receipt Number: _____ Date: _____