



St. Joseph County Health Department

“Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents”

SEPTIC SYSTEM PERMIT APPLICATION

Type of Permit:

Check one: Residential: _____ Commercial: _____

Check one: New Construction: _____ Replacement: _____ Repair (specify type): _____

Property Owner:

Name: _____

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

Telephone #: _____ Work #: _____ Fax #: _____

Applicant Information (Write same if same as property owner):

Name of applicant: _____

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

Telephone #: _____ Work #: _____ Fax #: _____

Contact Information:

Send specifications to: _____ Fax #: _____

Send permit to: _____ Telephone #: _____ Fax #: _____

Site Information:

Street address: _____ City: _____, State: IN Zip: _____

Subdivision: _____ Phase: _____ Lot #: _____

Directions: _____

Soil borings are attached (check one): yes _____ no _____

Dwelling Information:

Number of bedrooms: _____ Is there a jetted bath tub \geq 125 gal? Yes _____ No _____

Type of water supply: Private _____ Public _____

Is the property within the 100 Year Floodplain? Yes _____ No _____ Don't know _____

If there are any changes to the **Dwelling Information** shown above, a revised application must be submitted.

Certifications:

I hereby certify that I am the property owner or the authorized representative of the property owner and that the above statements are true and accurate. I certify that I have the authority to and I hereby grant permission and consent for the Health Department to enter onto the property without prior notice to conduct inspections and collect soil and water data as necessary to assure compliance with all applicable laws, rules, ordinances, etc. pertaining to the installation and function of the septic system. Failure to allow access to the Health Department will result in the immediate suspension of this application and the stoppage of any work being conducted pursuant to a permit issued in response to this application.

Signature of Applicant

Date

For Health Department Use Only
Application #: _____
Transaction #: _____
Transaction Date: _____