



GENERAL CONTRACTOR'S NAME, ADDRESS & PHONE # :

DRIVEWAYS: Will You Be Modifying An Existing Driveway?  Yes  No  
Will You Be Installing A New Driveway?  Yes  No

SEWAGE DISPOSAL SYSTEM

Central System/District Name \_\_\_\_\_  Approval Letter from Sewer District Received

Individual On-Site System:

Percolation Rate \_\_\_\_\_ Recommendation \_\_\_\_\_

Soil Evaluation/Recommendation \_\_\_\_\_

CONDITIONS OF APPLICATION FOR PERMIT:

I agree to connect to a publicly - or governmentally - owned and operated water supply and/or sewer line if located within 300 ft. of my property, as required by the "County of Franklin On-Site Sewage Disposal Systems Ordinance & Regulations." All non-residential construction requires an engineer/architect seal on all plans. I agree that my sewage construction work shall be performed in accordance with the "County of Franklin On-Site Sewage Disposal Systems Ordinance & Regulations" and if I contract an installer to perform the work, s/he must be certified/registered installer. \*\*\*Percolation Test results/Soil Evaluation results, complete sewer design, detailed plot plan and choice of installer is mandatory at time of application.\*\*\*

INDIVIDUAL PERFORMING SEWAGE INSTALLATION WORK:

Certified/Registered Installer Name & #: \_\_\_\_\_

\*\*\*If homeowner is the on-site sewage disposal installer, an affidavit - available at the Building Department Office - must be signed by s/he at time of application and/or prior to permit being issued.

HomeOwner as Installer Signature: **X** \_\_\_\_\_

**X** \_\_\_\_\_

Signature of Applicant/Agent

Date of Application

Building Department \*\*\* Office Use Only \*\*\* Building Department

Use Group \_\_\_\_\_ Type of Construction \_\_\_\_\_ House SF \_\_\_\_\_ FB \_\_\_\_\_ UFB \_\_\_\_\_

Garage \_\_\_\_\_ Estimated Construction Cost \_\_\_\_\_ Permit cost \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Reviewers Name \_\_\_\_\_

Planning & Zoning Dept \*\*\* Office Use Only \*\*\* Planning & Zoning Dept

Front Yard Setback \_\_\_\_\_ Side Yard Setback \_\_\_\_\_ Rear Setback \_\_\_\_\_ P/Spaces \_\_\_\_\_

Zoning Office Approval 