

Hancock County Health Department

Septic System Permit Application

Please Check the appropriate spaces and fill in all additional information or insert N/A if not applicable

Application for: New Construction _____ Repair/Replacement _____
New Septic or Dosing Tank _____ New Perimeter Drain _____

Applicant: Name _____ Phone Number _____
Address _____
City _____ State _____ Zip _____

Property Owner: Name _____ Phone Number _____
Address _____
City _____ State _____ Zip _____

Builder: Name _____ Phone Number _____
Address _____
City _____ State _____ Zip _____

Septic Installer: Name _____ Phone Number _____
Address _____
City _____ State _____ Zip _____

Location

Name of subdivision _____ Lot # _____ Number of acres _____

Address if known _____

If no address, location by two county roads _____

Project Specifications

1 to 2 family dwelling ____ Commercial building ____ Number of bedrooms if 1 to 2 family dwelling ____

Will there be a jetted tub with more than 125 Gallons? _____

Have soil borings been done yet? _____ If yes, who did them? _____

Date: _____ Signature of Applicant _____