

ST. JOSEPH COUNTY HEALTH DEPARTMENT

227 W. Jefferson Blvd., 9th Floor County-City Building

South Bend, Indiana 46601

Phone: 219-235-9721

Fax: 219-235-9497

APPLICATION FOR SEPTIC PERMIT

All questions must be answered or this application will be considered incomplete and will NOT be processed.

FOR OFFICE USE ONLY!	
PERMIT # _____	DATE _____
NAME _____	

Please check one of the following:

Residential: New Construction _____ Replacement Construction _____ Septic Tank Only _____

Commercial: New Construction _____ Replacement Construction _____ Septic Tank Only _____

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

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

E-Mail: _____ Mobile #: _____ Pager #: _____

Send Recommendations: Please Check one: Fax ___ or Mail ___ To: _____

Address or Fax #: _____

Contact Person When Permit Is Ready For Pick-Up: _____ Telephone #: _____

Site Information:

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

Subdivision: _____ Phase: _____ Lot#: _____

Township: _____ Range: _____ Section: _____ / Sec. 1/4: _____

Directions: _____

Dwelling Information:

Number of Bedrooms: _____ Basement: Yes _____ No _____

Bathroom facilities in Basement: Yes _____ No _____ Jetted Bath Tub \geq 125 gal: Yes _____ No _____

Proposed Water Supply:

Private Water Supply Well: Yes _____ No _____ Existing Water Supply Well: Yes _____ No _____

Public Water Supplied by City of: _____ Existing Service Tap: Yes _____ No _____

I hereby certify that there are no misrepresentation or falsification of statements or answers. I am aware that any such misrepresentation, falsification, and or changes in information without consulting the St. Joseph County Health Department are grounds for the REVOCATION of the SEPTIC PERMIT and possible legal action.

Further, I understand I alone am responsible for the receipt of any permits and the proper construction or the repair of the onsite sewage disposal system for which I have applied.

FOR OFFICE USE ONLY!	
() PERSON _____	DATE _____ TIME _____
() LEFT MESSAGE _____	DATE _____ TIME _____
SENT TO ISDH FOR COMMENT AND REVIEW	
() FAXED DATE _____	TIME _____ INITIALS _____
() MAILED DATE _____	TIME _____ INITIALS _____

SIGNATURE OF APPLICANT

_____/_____/_____
DATE

PERMIT RECEIVED BY

COMPANY

_____/_____/_____
DATE