

**APPLICATION FOR PERMIT**  
**Environmental Health**

<p><b>Tax Parcel Number</b> _____</p> <p><b>Site Address:</b> _____</p> <p>City/State/Zip: _____</p> <p><b>Developmt/Subd.:</b> _____</p> <p>Lot/Phase/Section: _____ Bldg. _____ Unit _____</p> <hr/> <p><b>APPLICANT:</b>          ___ Owner ___ Project Contact Person/Authorized Rep.          ___ Contractor/Builder-License # &amp; Classification _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone _____ Fax _____ Other _____</p> <hr/> <p><b>Project Contact Person:</b> _____</p> <p>Address: _____</p> <p>City/State/Zip _____</p> <p>Phone _____ Fax _____ Other _____</p> <hr/> <p><b>Name of Original Owner</b> _____</p> <p><b>Year House Built/Septic Tank Installed:</b> _____</p> <p><b>Date Property Originally Deeded &amp; Recorded:</b> _____</p> <p><b>Plat/Property Approved Conditionally by the Planning Dept.?</b>          ___ Yes-Attach copy of Conditions ___ No</p> <p><small>*Plat also means, for subdivision, lots approved by the local planning authority &amp; recorded with the County Register of Deeds, a copy of the recorded subdivision plat that is accompanied by a site plat that is drawn to scale.</small></p> <hr/> <p><b>One of the Following Must be Submitted:</b>          ___ <b>Site Plan Provided-</b> Valid for five years. A new application must be filed for the expired improvement permit. Authorization for Wastewater System Construction (ATC) is good for only five years.          ___ <b>Plat Provided-</b>Is valid without expiration if drawn by a Registered Land Surveyor (RLS) to a scale of 1" equals no more than 60 feet .Authorization for Wastewater System Construction (ATC) is good for only five years, at which time it must be renewed.</p>	<p><b>Application for:</b>          ___ <b>New Septic System/Soil Evaluation (\$400)</b>          Type of On-Site Wastewater System Desired:          ___ Conventional ___ Innovative              Modified          ___ Conventional ___ Alternative          ___ Driven ___ Other _____</p> <p>___ <b>New Well (\$320)</b>          Type of Well: ___ Drilled ___ Bored ___ Driven</p> <p>___ <b>Swimming Pool/Addition (\$170)</b></p> <p>___ <b>Occupancy (\$90)</b></p> <p>___ <b>Authorization in Writing (\$90)</b></p> <p style="text-align: right;"><b>TOTAL FEE: \$</b> _____</p> <hr/> <p><b>Request for:</b> ___ New Home ___ Existing Home</p> <p><b>Type of Establishment/Residence:</b>          ___ House ___ Manf. Home ___ Other _____</p> <p><b>Sq. Footage of Residence/Bldg:</b> _____ <b># People</b> _____</p> <p><b># Existing Bedrooms</b> _____ <b># Additional Bedroom</b> _____</p> <p><b>Basement Plumbing Fixtures Proposed?</b> ___ Yes ___ No</p> <p><b>Zone:</b> _____ <b>Zoning Permit #:</b> _____</p> <hr/> <p>House Bill 53(D)-If a Local Health Dept. repeatedly fails to issue or deny improvement permits for conventional septic tank systems within 60 days of receiving completed applications for the permits, then the Dept. of Environment, Health &amp; Natural Resources may withhold public health funding from that local health dept.</p> <hr/> <p>I hereby make application to the Cumberland County Health Dept. for a site evaluation for the on-site sewage disposal system for the above-described property. I agree that the contents of this application are true and represent the maximum facilities to be placed on the property. I understand that as applicant, I am responsible for identifying &amp; marking property lines, corners and making the site accessible for the Personnel of the Cumberland County Health Dept. to conduct their evaluations. I additionally understand that I am responsible for notifying the Health Dept. if my property contains any wetlands as designated by the Army Corp of Engineers, &amp; if the site is subject to approval by other public agencies.</p> <p><b>Owner/Agent Signature:</b> _____</p> <p><b>Date:</b> _____</p>
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**SHORT-FORM POWER OF ATTORNEY**

I, or We \_\_\_\_\_ give permission to  
\_\_\_\_\_ to apply for a soil  
evaluation or other necessary permitting services required, which are to be performed by  
the Cumberland County Environmental Health Division on property owned by me or us  
and as described below:

Property Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TAX PIN# \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
personally appeared before me, the said named \_\_\_\_\_,  
to me known and known to me to be the person(s) described in and who executed the  
foregoing instrument and he/she acknowledged that he/she executed the same and being  
duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
( \_\_\_\_\_ )