

Anytown
55 MAIN ST
ANYTOWN VT 05555

On-site wastewater permit

An asterisk () represents required information*

Parcel number* _____	<small>Office use only</small> Permit number _____ Hearing number _____
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Parcel location information

Street number _____ Street/Road name* _____ Apt number _____
 Other location information _____

Permit applicant information

Name* _____ Address _____

 City _____ State _____ Zip _____ Telephone _____

Parcel owner information

Name* _____ Address _____

 City _____ State _____ Zip _____ Telephone _____

Application date _____ Application fee _____	Land records: Book _____ Pages _____
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Description of permit _____

Is there a PLAT for this permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of acres in parcel _____
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Name of contractor _____ Name of engineer _____ Maximum number of people using septic system _____ <i>Please choose one:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Municipal water and sewer <input type="checkbox"/> Municipal sewer - Onsite water <input type="checkbox"/> Municipal water - Onsite sewer <input type="checkbox"/> Municipal water and sewer 	<p style="text-align: center;"><i>Number of fixtures of the below types</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">___ Sinks</td> <td style="width: 50%;">___ Washing machines</td> </tr> <tr> <td>___ Lavatories</td> <td>___ Water closets</td> </tr> <tr> <td>___ Urinals</td> <td>___ Garbage disposals</td> </tr> <tr> <td>___ Bathtubs</td> <td>___ Dishwashers</td> </tr> <tr> <td>___ Showers</td> <td></td> </tr> <tr> <td colspan="2">Custom fixtures _____</td> </tr> </table>	___ Sinks	___ Washing machines	___ Lavatories	___ Water closets	___ Urinals	___ Garbage disposals	___ Bathtubs	___ Dishwashers	___ Showers		Custom fixtures _____	
___ Sinks	___ Washing machines												
___ Lavatories	___ Water closets												
___ Urinals	___ Garbage disposals												
___ Bathtubs	___ Dishwashers												
___ Showers													
Custom fixtures _____													

Type of project <input type="checkbox"/> NEW <input type="checkbox"/> ALTERATION Septic system size (sq ft) _____ <i>Please choose one:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Municipal water <input type="checkbox"/> Drilled well <input type="checkbox"/> Shallow well/spring <input type="checkbox"/> Other 	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Number of bedrooms _____</td> <td style="width: 33%;">Seats in restaurant _____</td> <td style="width: 33%;">Number of restaurant employees _____</td> </tr> </table> <p style="text-align: center;"><i>Check all that apply</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Parcel is part of a subdivision <input type="checkbox"/> System is for an existing residence <input type="checkbox"/> Failed septic system If system failed, explain why _____	Number of bedrooms _____	Seats in restaurant _____	Number of restaurant employees _____
Number of bedrooms _____	Seats in restaurant _____	Number of restaurant employees _____		