

Appendix B



APPLICATION FOR SEWER PERMIT

Landowner's Name(s): _____

Landowner's Mailing Address: _____

Landowner's Contact Information: Phone _____ Email _____

Physical Address of Parcel: _____

Parcel Number: RP _____ Legal Description of Parcel: **(attach description or vesting deed)**

Is Landowner the Applicant? Yes No* **(Note: Landowner is always the responsible party.)**

*Applicant's Name (if different from Landowner): _____

*Applicant's Mailing Address: _____

*Applicant's Contact Information: Phone _____ Email _____

*Who should the District contact about the project construction? Landowner Applicant

This application is for: New Septic System Modification of Existing Septic System
 Remodel or Change Affecting Residential System Requirements

This application affects service to Main Dwelling Detached Dwelling Both

Number of Bedrooms in Main Dwelling: _____ Detached Dwelling: _____

Are you applying for a Building Location Permit for this project? Yes No

Has a Capitalization Fee (aka "connection fee) been previously paid? Yes No Don't know

Has Residential System Sewer Easement been granted to the District? Yes No Don't know

Is Inspection Deposit (\$2,000.00) attached to this Application? Yes No

(If "no" please explain: _____)

The following site plan items are attached to this Application (Please check):

<input type="checkbox"/> Location of Main Dwelling and Detached Dwelling (if any)	<input type="checkbox"/> Pump Control Box location
<input type="checkbox"/> Dwelling floor plan and elevations	<input type="checkbox"/> Water well location (existing or proposed)
<input type="checkbox"/> Septic tank/pump basin location, type and size	<input type="checkbox"/> Anything affecting access to the Residential System
<input type="checkbox"/> House line to septic tank location	<input type="checkbox"/> Setbacks required by DEQ and the District
<input type="checkbox"/> Lateral line from septic tank to force main location	<input type="checkbox"/> All easements located upon the Parcel

Estimated start date for project construction: _____, 20__ Already started.

Estimated project completion date: _____, 20__ Already completed.

Signed _____ Date _____ 20__
Mail to Bottle Bay Sewer District, PO Box 304, Sagle ID 83860 or hand deliver to a District Agent

FOR DISTRICT Application received on _____, 20__ By: _____	
<p>PERMIT ISSUED: (By) _____ Compliance Ofc President Date: _____, 20__ Assigned Hook Up Number: _____</p>	<p>Inspections Complete: (By) _____ Licensed Operator Activation of Service: (By) _____ Compliance Ofc President Date: _____, 20__</p>