

APPLICATION FOR LAND EVALUATION

Property Owner: _____
Address: _____

Property ID# _____
Telephone: _____

Location of Property: _____

Tax Map: _____ Grid: _____ Parcel: _____ Size: _____
Subdivision: _____ Section: _____ Block: _____ Lot: _____

Reason for Land Evaluation: _____

Has site been previously approved for on site sewage? Yes/No Documentation _____

This application is for:

- Initial evaluation of vacant property - no subdivision requested (\$400 per site)
- Installation of piezometers (\$50 each)
- Evaluation of property for a subdivision
Per lot - # of lots requested _____ (\$400 per site)

IF PROPOSAL IS >3 LOTS, FIELD WORK CANNOT BEGIN WITHOUT A SKETCH PLAT.

(NOTE-in order to subdivide a property which is already improved, the existing improvement must be evaluated to verify that it has a compliant sewage area and well location available for subdivision. An additional fee will be required.)

- Re-establishment of existing sewage disposal area / System design verification (\$150 per site)
- Sewage reserve area modification:
 - > 30% modification (\$400 per site)
 - ≤ 30% modification (\$200 per site)
- Other: Please specify _____

Owners and applicants should be aware that Health Department approval does not guarantee that a property is buildable or that it may be subdivided. Applicants are advised to consult with all regulatory agencies regarding the feasibility of a proposal. Please note: NO REFUNDS WILL BE GRANTED ONCE FIELD WORK HAS BEGUN OR AFTER 30 DAYS FROM APPLICATION DATE.

OWNER'S STATEMENT: I own the property described above and grant permission for Department personnel to enter thereon and perform tests, and indemnify the Department and its agents from any claims arising therefrom.

Owner's Signature _____ **Date:** _____

Owner's Agent (if other than owner) _____ Phone Number _____

Agent's Address _____

Clerical Use:

- Paid \$ _____ For _____ test(s). Receipt# _____ Check# _____
- No charge Reason: _____

Clerk signature: _____

Dept. Use:

Assigned to _____ GPR Zone _____ Cross References _____

- Approved - Number of approvals _____
- Not approved - number not approved _____