

Sewer Permit ApplicationJefferson County Code Enforcement PO BOX 100 / 725 Maple Street

Hillsboro, MO 63050 Phone: 636-797-5310

| Permit: | |
|---------|------|
| | Int. |

| | Fax: 636-797 | -5077 | Date: | | | |
|---|---------------------|------------------------|------------------------|--------------------|-------|--|
| PROJECT INFORMATON & LOCATION: | | | | | | |
| Project Type: Residential Multi-family | □ Commercial | | | | | |
| Form 40 Required Yes No Operator's Permit | t 🗆 Yes 🗆 No | Maintenance Agre | ement Yes | □ No | | |
| | | | | | | |
| Project Address | | City | | _ Zip code | | |
| Parcel # | | Subd. | | Lot | | |
| | | | | | | |
| OWNER INFORMATION: | | | | | | |
| Owner | | | | | | |
| Name | | | Phone # | | | |
| Owner Address | | | | | | |
| Street Address | | City | State | Zip | Code | |
| Tenant or Business Name | | | | □ Existing | □ New | |
| Totalit of Business (value | | | | | | |
| Drawings Scaled by | | Degigner # | | | | |
| Drawings Sealed by | | Designer # | | | | |
| Loading Rate | | Alternative System | n | | | |
| Type of System: □ Drip □ Conventiona | l □ Lago | on Alternati | ive system | | | |
| Amount of Drainfield - Lineal Feet T | otal Square Feet | Lagoc | on Square feet | | | |
| Treatment Tank: Aeration Unit Sept | ic Tank | □ Pump Tank | | | | |
| Treatment Tank Capacity Pump Tank Capacity | | | | | | |
| Additional Information | | | | | | |
| Additional information | , | | | | | |
| Required Inspections: Field Prep | pection Re | ough in Before Backfil | l 🗆 Final A | fter Backfill | | |
| PERMIT FEE \$ | | | | | | |
| NOTICE: Three full sets of sealed plans & soils reports must be submi permit may be revoked by the Jefferson County Code Enforce regulations/Code Ordinances. | cement, and I agree | to abide by, and comp | ly with, the condition | ons of all Buildin | g | |
| A FINAL INSPECTION MUST BE COMPLETE | | | | | | |

DISCONNECT OF ALL APPLICABLE UTILITIES, STOPPAGE OF WORK AND POSSIBLE LEGAL ACTION!

| CONTRACTOR/APPLICANT INFORMATON & CERTIFICATION: | | | | | | | | |
|--|---------------------------|-----------------|-------|----------|--|--|--|--|
| Contractor/Applicant | | | | | | | | |
| □ F | Business Name Applicant | Certification # | Phon | ne# | | | | |
| Contractor/Applicant Address | | | | | | | | |
| | Street Address | City | State | Zip Code | | | | |
| Email address | | | | | | | | |
| Contactor signature is required. | | | | | | | | |
| To expedite this application please include a completed Contractor Signature Form with this application. | | | | | | | | |