

LOCATION: _____
TOWNSHIP: _____
PERMIT NO.: _____

APPLICATION TO INSTALL HAULED WATER SYSTEM

TOWNSHIP: _____ SECTION NO.: _____ APPLICANT: _____
 PROPERTY ADDRESS: _____ ADDRESS: _____
 LOCATED BETWEEN: _____ & _____ CITY: _____ STATE: _____ ZIP: _____
 PROPERTY TAX ROLL NO.: _____ DAYTIME TELEPHONE: () _____
 LOT DIMENSIONS: _____ FT. X _____ FT. (ACRES) _____ ALTERNATE TELEPHONE: () _____
 NO. OF BEDROOMS: _____ BASEMENT: YES OR NO PRESENT OWNER: _____
 COMMENTS: _____ ADDRESS: _____
 _____ CITY: _____ STATE: _____ ZIP: _____
 _____ TELEPHONE: () _____

ALL INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE: _____ DATE: _____

(DO NOT WRITE BELOW THIS LINE)

Permit to Install Hauled Water System Single or Two Family Dwelling Only

Plan Review Packet: Yes No
 Affidavit recorded and attached Yes No

Special Conditions: _____

GPS Location: _____

Approved By: _____ Date Of Issuance: _____
(Sanitarian)

| REQUIRED FEES | AMOUNT | RECEIPT |
|---------------|--------|---------|
| Plan Review | _____ | _____ |
| Permit | _____ | _____ |

THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE (_____)
THIS PERMIT IS NOT TRANSFERABLE AS TO OWNER OR PROPERTY

DISTRIBUTION COPIES: **WHITE** (MONROE COUNTY HEALTH DEPARTMENT) **YELLOW** (OWNER) **PINK** (TOWNSHIP)