



LAND USE APPLICATION

PLEASE NOTE: Submit an initial site plan (scale 1"=20') showing existing and proposed improvements.

County or City File # (if applicable):		Septic Permit # (if applicable):	
Owner / Applicant Information			
Owner:		Applicant:	
Mailing Address:		Mailing Address:	
City/State/Zip Code:		City/State/Zip Code:	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
Property Information			
Site Address:		APN: - -	
City/Zip Code:		Lot Size (acres):	
Cross Street:		<input type="checkbox"/> Lexington Basin - Subarea (A-F):	
Access Restrictions (locked gates, dogs, etc.) - if none, state "NONE":			
Project Description			
Project Type:		House/Structure Information:	
<input type="checkbox"/> New Construction <input type="checkbox"/> Building Addition <input type="checkbox"/> Accessory Structure/Pool <input type="checkbox"/> Other:		Existing square footage: _____ Proposed new square footage: _____ Number of existing bedrooms: _____ Total # of bedrooms proposed: _____	
		Domestic Water Supply:	
		Water Source: _____ <input type="checkbox"/> Existing Well(s) - How many? _____ <input type="checkbox"/> Proposed Well	

By signing this application, authorization is granted to agents of the Department of Environmental Health to enter the property during normal business hours to conduct any necessary investigations related to this application.

 Owner/Authorized Agent Signature Print Name Date

Office Use Only			
	Fees Received	Date Received	
<input type="checkbox"/> Site Assessment	\$ _____	_____	Record ID#: ON _____
<input type="checkbox"/> Soil Profile	\$ _____	_____	Entered by: _____
<input type="checkbox"/> Percolation Test	\$ _____	_____	Employee #: _____
<input type="checkbox"/> Bldg. Addition Review	\$ _____	_____	Date Entered: _____
<input type="checkbox"/> Consultation/Other	\$ _____	_____	Census Tract: _____
Date Application Received by DEH _____		Received by _____	