

**JAY COUNTY HEALTH DEPARTMENT  
APPLICATION FOR WASTEWATER DISPOSAL SYSTEM  
SEPTIC CONSTRUCTION PERMIT**

<p>1. OWNER Name _____  Address _____ _____  Phone _____</p>	<p>4. INSTALLER Name _____  Address _____ _____  Phone _____</p>
<p>2. OWNER'S DESIGNATED AGENT Name _____  Title _____  Address _____ _____  Phone _____</p>	<p>5. APPLICATION FOR:  _____ Sanitary Privy</p>
<p>3. FACILITY OR LOCATION Name _____ _____  City _____  County _____ Zip _____  Phone _____</p>	<p>6. The following Documents Are Attached (CHECK WHERE APPLICABLE) _____ A. Plans and Specifications _____ B. Property Record Card (Verify Ownership) _____ C. \$100.00 Permit Fee</p>

**SIGNATURE**

Application is hereby made for a Permit to authorize the activities herein. I certify that I am familiar with the information contained in this application and to the best of my knowledge and belief; such information is true, complete, and accurate.

\_\_\_\_\_  
PRINTED NAME OF PERSON SIGNING

\_\_\_\_\_  
Title

\_\_\_\_\_  
SIGNATURE OF OWNER OR DESIGNATED AGENT

\_\_\_\_\_  
Date

\*\*\*\*\*

For office use only

Comments:

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**INSTRUCTIONS FOR COMPLETION**

1. **OWNER:** Name, address, and phone number of person, company, firm, municipality, authority, etc. which proposes the construction, installation or modification of any water pollution control facility.
2. **AUTHORIZED AGENT:** Name, title, address, and phone number of person who is designated to act for the owner and who is familiar with the project and can furnish additional information as required.
3. **NAME OF FACILITY OR PROJECT:** Name, 911 address or approximate address, and phone number at project site.
4. **NAME OF INSTALLER:** Company, address, and phone number of installer.
5. **APPLICATION FOR:** Sanitary Privy.
6. **CHECK THE DOCUMENTS ATTACHED TO APPLICATION. ALL DOCUMENTS ARE REQUIRED EXCEPT WHERE *INAPPLICABLE*.**
  - A. Plans and specifications for the Sanitary Privy
  - B. Copy of Property Record Card from County Assessor's office. If the card is not in your name, include a recorded deed in your name to show that you own the property.
  - C. \$100.00 cash, check or money order made payable to Jay County Health Department.
7. **SIGNATURE:** An application submitted for a private residence should be signed by the **OWNER** or **AUTHORIZED AGENT**. An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation of the facility where the construction described in the form will occur. In the case of a partnership or a sole proprietorship, a general partner or the proprietor must sign the application, respectively.