



CITY OF McLENDON-CHISHOLM

Application for On-Site Sewage Facility

Property Owner's Name: _____

Mailing Address: _____

Home Telephone: _____ Alternate Phone: _____

SITE ADDRESS: _____

Type of OSSF System: _____ Aerobic _____ Conventional

Brand & Name of Manufacturer of system to be installed:

Water Source: ___ Public ___ Private Company: _____

Water Saving Device: ___ Yes ___ No In a Flood Zone: ___ Yes ___ No

Site Evaluators Name: _____ Phone#: _____

Type of Construction: _____ New _____ Existing

Type of Dwelling: _____ Residential _____ Commercial

Commercial: Number of Occupants: _____ Number of Days Occupied: _____

Number of Bathrooms and Showers: _____

Residential: Number of Bedrooms: _____ Living Area: _____ sq. footage

Designer: _____ License #: _____

Installer: _____ License#: _____

I hereby request a permit to install an On-Site Facility.

Signature

Date Submitted