



SEPTIC EVALUATION/REPAIR PERC APPLICATION

DATE: _____

SMHD No: _____

Is this application associated with a BRF funding request? ____ Yes ____ No

Location: Property Address: _____
Tax Map _____ Block _____ Parcel No. _____
Subdivision _____
Lot _____ Section _____ Critical Area [] Yes [] No

Residential: No. of Bedrooms _____
Total Square Footage Including Basement _____
Future additions contemplated? _____

Commercial: Specify use _____
Proposed building area in sq. ft. including all floors _____
Does this proposal involve wastewater disposal other than domestic sewage?
Specify _____

Property Owner:
Name: _____
Address: _____
Phone: (H) _____ (W) _____ (Cell) _____
Email: _____

Contact Person:
Name: _____
Phone Number: _____