



**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:

\_\_\_\_\_

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