

Land District:
Land Lot:

Map Number:
Parcel:

County:

**Application For Commercial Site Evaluation
For an On-Site Sewage Management System**

Property Owner's Name	Home Phone #	Work Phone #
Owner's Address		
Applicant's Name	Home Phone #	Work Phone #
Applicant's Address		
Location of Property:(Subdivision, Street, or Road)		
Directions to Property (Use street names & numbers or subdivision lot & block numbers)		
Lot size: Sq. ft. _____ Or Acreage _____ Lot Width at Building Line _____		
Description of business conducted at facility:		
Detail all water uses expected (include any hazardous waste created; hazardous waste disposal requires DNR permit):		
Seating Capacity: _____		
* Maximum number of personnel: _____ Business days and hours: _____		
* The water system must have DNR permit and approval when drinking water is provided to 25 or more persons.		
Water supply: Public ___ Community ___ Individual ___ Will you need to drill a well?		
Expected water flow (gallons/day): _____ If > 2,000 gpd, plans must be drawn by an engineer		
Submit this application form along with the site evaluation fee, a plat of the property, a copy of the floor plan, and a sketch or building site plan which shows: lot dimensions; building location and dimensions; original grade, final floor evaluation, proposed stub-out evaluation; distances from property lines to building; location of drives, parking areas, swimming pools and outbuildings; location of ponds, streams, swamps or other drainage ways; and location of wells on the property and within 100 ft. of property lines. Lot corners and building location must be staked prior to the site evaluation. When all of the above have been submitted/completed, contact Environmental Health for a site evaluation appointment.		
I hereby authorize the County Board of Health to conduct a site evaluation on this property for the purpose of determining its suitability for development with an on-site sewage management system to serve the facility described on this application.		
Signature (Owner or Applicant)		Date

**NO CHANGES CAN BE MADE WITHOUT
ENVIRONMENTAL HEALTH APPROVAL**