



Sewer Permit Application
 Jefferson County Code Enforcement
 PO BOX 100 / 725 Maple Street
 Hillsboro, MO 63050
 Phone: 636-797-5310
 Fax: 636-797-5077

Permit: _____ **Int.**
Date: _____

PROJECT INFORMATION & LOCATION:
 Project Type: Residential Multi-family Commercial **FORM 40 Required** YES NO
 Project Address _____ City _____ Zip code _____
 Parcel # _____ - _____ - _____ - _____ Subd. _____ Lot _____

OWNER INFORMATION:
 Owner _____
 Name _____ Phone # _____
 Owner Address _____
 Street Address _____ City _____ State _____ Zip Code _____
 Tenant or Business Name _____ Existing New

Drawings Sealed by _____ Designer # _____
 Loading Rate _____ Alternative System _____
 Type of System: Gravel Graveless Lagoon
 Amount of Drainfield _____ Lineal Feet of _____ Total Square Feet _____ Lagoon Size _____
 Treatment Tank: Aeration Unit Septic Tank Pump Tank
 Capacity _____ Capacity _____
 Additional Information _____
 Required Inspections: Field Prep On-Site Inspection Rough in Before Backfill Final After Backfill
PERMIT FEE \$ _____ - **\$40.00 Deposit** = **Balance due at Pickup** \$ _____

NOTICE:

Three full sets of sealed plans & soils reports must be submitted with application. I understand if the information I have given above is not true, my permit may be revoked by the Jefferson County Code Enforcement, and I agree to abide by, and comply with, the conditions of all Building regulations/Code Ordinances.

A FINAL INSPECTION MUST BE COMPLETED ON EVERY PERMIT. FAILURE TO COMPLY WILL RESULT IN THE DISCONNECT OF ALL APPLICABLE UTILITIES, STOPPAGE OF WORK AND POSSIBLE LEGAL ACTION!

CONTRACTOR/APPLICANT INFORMATION & CERTIFICATION:
 Contractor/Applicant _____
 Business Name Applicant Certification # _____ Phone # _____
 Contractor/Applicant Address _____
 Street Address _____ City _____ State _____ Zip Code _____
 Signature _____ Owner Contractor Applicant