



INSTALLATION PERMIT FOR A PRIVATE SEWAGE DISPOSAL SYSTEM

Site Address: _____ Permit # _____

Lot # _____ Block _____ Tract _____

Owner	Mailing Address	City/State/Zip	Phone	
Contractor	Mailing Address	City/State/Zip	Phone	License #
Architect/Designer	Mailing Address	City/State/Zip	Phone	License #
Engineer	Mailing Address	City/State/Zip	Phone	License #
Lender	Mailing Address	City/State/Zip	Phone	Branch

USE OF BUILDING _____

This permit applies specifically to:

Class of work: ___ NEW ___ REPAIR Sq.Ft. of House _____ # Bedrooms _____ #Occupants _____
 List of Water Appliances: ___ DW ___ Baths ___ Kitchen Other _____
 Proposed System _____ Capacity (Gallons) _____ Linear Ft. _____
 Special Conditions: _____

Occupancy is permitted only upon final inspection and validation by the De Soto Building Inspector.

Septic Tank-New Fee	\$250.00
Septic Repair-Re-inspection	\$100.00

A valid copy must be delivered to the homeowner.

FINAL INSPECTION CERTIFICATION

By _____ Date _____

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED NOT TO EXCEED 1 YEAR FROM DATE OF ISSUE.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND I KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPILED WITH EITHER SPECIFIED HEREIN OR NOT THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

 Signature of Contractor/Owner/Builder or Authorized Agent Date

Application Accepted By/Date	Plans Checked By	Approved For Issuance By/Date
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