



# APPLICATION FOR SANITATION PERMIT

306 Main Street • Mound City, KS 66056 • (913) 795-2422

PROPERTY OWNER: \_\_\_\_\_

OWNER MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE: CELL (\_\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_\_) \_\_\_\_\_

LICENSED CONTRACTOR: \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

911 ADDRESS OF SANITATION SYSTEM: \_\_\_\_\_

CHECK ONE: NEW SYSTEM \_\_\_\_\_ REPAIRING EXISTING SYSTEM \_\_\_\_\_ INSPECTION ONLY \_\_\_\_\_

CHECK ONE: SEPTIC TANK \_\_\_\_\_ HOLDING TANK \_\_\_\_\_ LAGOON \_\_\_\_\_

\_\_\_\_\_ APPROXIMATE START DATE \_\_\_\_\_ PROPERTY ACRES

\_\_\_\_\_ NUMBER OF BEDROOMS \_\_\_\_\_ ESTIMATED MONTHLY WATER USAGE

DRIVING DIRECTIONS: \_\_\_\_\_

**I, the undersigned, hereby certify that the information provided herein is true and correct and that all Sanitation Code requirements shall be complied with. I further understand any permit issued based upon false or incorrect statements or acts material to the issuance of the permit shall be void. FEES MUST BE PAID WHEN APPLICATION IS FILED.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### OFFICE USE ONLY

Amount \$ \_\_\_\_\_ ISSUED / DENIED \_\_\_\_\_ by \_\_\_\_\_ Permit # \_\_\_\_\_

Date Paid \_\_\_\_\_ Parcel ID# \_\_\_\_\_ Flood Plain \_\_\_\_\_

Township \_\_\_\_\_ Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rng \_\_\_\_\_ Current Zoning \_\_\_\_\_ Ac \_\_\_\_\_