



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 _____

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 _____