

INSPECTION REQUEST

Building & Zoning Request []
 Change of Use Request []

Facility ID _____
 Receipt No. _____
 Amt. Paid _____
 Date Paid _____

Property Address: _____ Township: _____ Sec. No. _____

Applicant Name: _____

Applicant Address: _____

City State Zip Code

Phone Number: (____) _____

In order to determine whether an inspection is needed please answer the following questions:

Is this a remodeling, alteration, addition, or replacement? _____

If an addition, does it include a bedroom (room with a closet)? Yes or No **Number?** _____

Has the home been damaged, burned more than 50% (determined by insurance appraiser)? Yes or No

Is this a one for one replacement (1 bedroom home for 1 bedroom home)? Yes or No

Do you have any records for well or septic system? Yes or No **How old?** _____

City Water? Yes or No **City Sewer?** Yes or No

If there are no records, the septic system must be exposed at the four (4) corners and the septic tank must be pumped. This is to be completed by the applicant or a designee of the home owner. *

Have you experienced any septic problems? Yes or No **Last time pumped?** _____ **Records?** Yes or No

Do you intend to use existing well and septic system? Yes or No **Temporary occupancy?** Yes or No

-----**FOR HEALTH DEPT USE ONLY**-----

Records, walk over only:	Acceptable?
No records?	Acceptable?
Need to pump tank?	

A review of the above named premise has been completed and a building permit can be issued.

Sanitarian _____ **Date** _____