



Application for Onsite Sewage Treatment System

700 NW Dimmick Street, Suite B
Grants Pass, OR 97526
541-474-5444

For ONSITE SEPTIC Use Only:		Date Stamp
Date received	_____	
Fee paid	_____	
Receipt number	_____	
Application number	_____	
Date of 1 st response	_____	
Date of 2 nd response	_____	
Date of final response	_____	
Date of completion	_____	
Scanned	Data Entry	

A. Property Owner Information

Name _____ Mailing Address (Street or PO Box, City, State, Zip Code) _____ Phone Number _____

B. Legal Property Description

Township _____ Range _____ Section _____ Tax Lot _____ Tax Account Number _____ Acreage or Lot Size _____
County _____ Subdivision Name _____ Lot _____ Block _____

Property Address: _____
Address _____ City _____ State _____ Zip Code _____

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility:

Single Family Residence

Number of Bedrooms _____

Other _____

Proposed Facility:

Single Family Residence

Number of Bedrooms _____

Other _____

Water Supply:

Public _____
Name _____

Private _____
Well, Spring, Shared

D. Type of Application

Site Evaluation

Construction

Permit Repair

Major Minor

Alteration Permit

Major Minor

Renewal Permit

Existing System
Evaluation

Permit Transfer

Permit Reinstatement

Authorization Notice for:

Connecting to an Existing System Not in Use
 Replacing a Mobile Home or House with Another
Mobile Home or House

The Addition of One or More Bedrooms

Personal Hardship

Temporary Housing

Other-please specify _____

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Josephine County Onsite Septic and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature _____ Date _____

Applicant's Name - Please Print Legibly _____ Applicant's Phone Number _____ Applicant's E-mail Address _____

Applicant's Mailing Address _____

Applicant is the Owner Authorized Representative Licensed Septic Installer

Authorization
Attached

Installer's Name _____