## OFFICE USE ONLY Application # 851 Fee Amount \$\_\_\_\_\_\_ Date Received \_\_\_\_\_\_ Payment Method \_\_\_\_\_\_



## Tillamook County Department of Community Development Onsite Sanitation Division 1510-B Third Street Tillamook, OR. 97141 (503) 842-3408

Site Evaluation Authorization Notice (check below) Field Visit / _ File Review Only Alteration Permit: _ Minor _ Major Repair Permit: _ Minor _ Major Renewal / Reinstatement Existing System Evaluation Report (ESER)  Property Owner and Installer Information  Property Owner and Installer Information  Property Owner Name:				
Authorization Notice (check below)		Type of Application (check one)		
Information  Property Owner Name:	Field Visit /File Review Onlo Alteration Permit: Minor N Repair Permit: Minor N Renewal / Reinstatement	*Existing Site Evaluation Required*  y Standard System  Aajor Pressurized System  Major Sand Filter / ATT  Other:	- Plot Plan - LUCS: Site Eval., Auth. Notice, Const. Permit - Test Holes: Site Eval.,	
Fillamook County Assessors Map ID: Township Range Section Tax Lot  lob Site Address (if applicable):  Directions to Property:				
Phone:Email:	Property Owner Name:			
DEQ License #Exp. Date:Phone:Email:	Phone:	Email:		
Required Property Information    Required Property Information	Mailing Address:		<del></del>	
Required Property Information    Required Property Information	nstaller Name:	DEQ License #	Exp. Date:	
Required Property Information  Fillamook County Assessors Map ID: Township Range Section Tax Lot lob Site Address (if applicable): Directions to Property:				
Control   Cont	Mailing Address:			
Obsite Address (if applicable):		Required Property Information		
Purpose of Application / Type of Facility to be Served:	ob Site Address (if applicable):			
Zoning: Lot Size:	Water Source:	Number of Bedrooms: Co	urrently Requested	
City or City Urban Growth Boundary? (If yes, the City must sign off before the application submittal)  Site Ready for Inspection: Yes No / If No, When? s the Site Clearly Identified and Marked: Yes No (Plot Plan Must Identify All Marked Locations)  Have All Required Documents Been Attached to the Application: Yes No  Dwner / Authorized Representative: Date:	Purpose of Application / Type of Facility	y to be Served:		
Site Ready for Inspection: Yes No / If No, When? s the Site Clearly Identified and Marked: Yes No (Plot Plan Must Identify All Marked Locations)  Have All Required Documents Been Attached to the Application: Yes No  Dwner / Authorized Representative: Date:				
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	s the Site Clearly Identified and Marked	d: Yes No <u>(Plot Plan Must Ident</u>		
nstaller (if applicable): Date:	Owner / Authorized Representative: _	Date	2:	
	nstaller (if applicable):	Date	e:	

By my signature, I certify that the information that I have furnished is correct, and hereby grant DEQ and its agent's permission to enter onto the above-described property for the purpose of this application.