

CONSTRUCTION PERMIT

APPLICATION

PRIVATE SEWAGE DISPOSAL

COUNTY OF DUBUQUE
DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH DIVISION
13047 CITY VIEW DRIVE
DUBUQUE IA 52002

Permit No. _____ Project No. _____
Applicant Name: _____ Property Owner Name: _____
(street) (city) (state) (zip) (street) (city) (state) (zip)

Legal Description: _____ Section _____ Township _____
Lot _____ Block _____ Subdivision _____

Class of work New Repair Extension Modify Replacement
Occupancy Residential Commercial Industrial Recreational Multi-Residential
Building or Structure Residential Dwelling Mobile Home Commercial Office Bldg.
Type of Water Supply Private Well Shared Well Municipal Water Common Well
Lot Size _____ sq. ft. _____ acres Facility used year-round seasonally
No. of units to be connected _____ Estimated sewage flow _____ gpd
No. of Bedrooms _____ No. of occupants _____ Building dimensions _____
Septic tank capacity _____ gallons Material type _____ Manufacturer _____

Distribution box Yes No Material Type _____ Drop Boxes Yes No
Gravity dosing Yes No Pressure dosing Yes No Dosing chamber size _____ gals.

Description of construction: _____

SPECIAL CONDITIONS Permit Fee _____ Est. Construction Cost _____

	Special Approvals	Req'd	Rec'd	Not Req'd
Water Softener	Zoning			
Garbage Disposal	Engineer			
Jacuzzi	IDNR			
NOI	IDOT			
	Perc Test			
	Soil Boring			
	Plan/Design			

ENGINEER/CONSULTANT

PROPOSED CONTRACTOR

I hereby certify that the above information is correct and that all proposed work will be completed in accordance with the Dubuque County Rules and Regulations regarding Private Sewage Disposal. I also agree to construct the system in accordance to the condition listed herein.

Applicant or Agent _____ Date _____

*When properly validated below, this will serve as your permit to construct

Application Approved By: _____

Plan Report Reviewed By: _____

Approved For Issuance By: _____