

TOWN OF SHERBURNE

APPLICATION FOR A SEWAGE DISPOSAL SYSTEM

AND/OR MOBILE HOME PERMIT

Fee Received: \$100.00

Cash _____ Check # _____

Date: _____

PROPERTY OWNER:

OWNER: _____

MAIL ADDRESS: _____

PHONE NUMBER: _____

PROPERTY LOCATION: _____

NUMBER OF BEDROOMS: _____ LOT SIZE: _____

CONTRACTOR – NAME, ADDRESS AND PHONE:

SIGNATURE/DATE:

LOCAL SANITARY OFFICER:

SOIL/SITE APPRAISAL

1. SITE IS NOT LOWER THAN 10-YEAR FLOOD AND SLOPE IS LESS THAN 15 DEGREES? _____

2. SEWAGE SYSTEM COMPONENTS MEET FOLLOWING SEPARATION DISTANCES:

150/100 Feet to Well, Neighbors' Wells? _____

150/100 Feet to Stream, Lake/Wetland? _____

10 Feet to Property Line? _____

Additional Notes:
