MONTGOMERY COUNTY HEALTH DEPARTMENT
110 W. SOUTH BOULEVARD, CRAWFORDSVILLE, IN 47933
PHONE: (765) 364-6440 * FAX (765) 361-3239

HOMEOWNER _____ DATE _____

CURRENT ADDRESS _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

FEES: ☐ NEW $125.00 ☐ REPAIR $75.00 ☐ EVALUATION $15.00

ADDRESS OF BUILDING SITE _____

SPECIFIC DIRECTIONS TO SITE _____

TOWNSHIP _____ SECTION _____ RANGE _____

APPROX. SIZE OF SITE LENGTH _____ WIDTH _____

IS THE SURVEY AVAILABLE NOW? _____ **PLEASE FLAG EACH CORNER.**

PLEASE CHECK WHAT APPLIES TO YOUR SITUATION

Conventional Construction _____ Modular _____ Mobile Home _____
One Story _____ 1 1/2 story _____ 2 story _____

Foundation: Crawlspace _____ Basement _____ **# of Bedrooms** _____
Swimming Pool or Hot Tub _____ Any other buildings? _____

A packet will be given to the applicant outlining the steps required for an environmental evaluation of the site. Flood and storm water certification from the Building Dept. (765) 364-6490; subsurface drain available or not; one acre topographic map of the site in increments of 10 feet; and a soil scientist test report.

You will meet on site with the contractor and owner before your permit is issued to the Mont. Co. Building. Commissioner.

For people in the 2 mile zoning area you need to secure a Placement Permit from the Crawfordsville Planning Director.

After receiving this information for the environmental study, the placement, size and type of septic system will be recommended. You may submit a proposal from a qualified contractor or architect for review.
The septic plan and construction will conform to the ISDH guidelines in Indiana Admin Code 6-8.1, and any local requirements that may be needed to give you a good system.

Placement of the well; requirements are 50 feet from any part of the septic system.
Final inspections: The Montgomery County Health Department will have reasonable notice for inspections during construction and final inspection. **The septic system will be left open and the tank and inlet/outlets uncovered.**
Revocation of the permit shall be in writing to the property owner, contractor or agents thereof.

COMMERCIAL PERMITS WILL REQUIRE ALL THE ABOVE INFORMATION.

APPLICANT'S SIGNATURE _____ DATE _____

OFFICE USE ONLY
PERMIT FEE PAID _____ RECEIVED APPLICATION _____