APPLICATION SUBMITTAL CHECKLIST SEWAGE PERMIT APPLICATIONS



IF YOU DO NOT HAVE ALL OF THE FOLLOWING INFORMATION, THIS APPLICATION PACKAGE IS INCOMPLETE!

INCOMPLETE PACKAGES WILL NOT BE ACCEPTED. ALL ITEMS MUST BE CHECKED FOR YOUR APPLICATION TO BE COMPLETE AND ACCEPTED.

1 COPY COMPLETED SEWAGE APPLICATION-SIGNED BY AN INSTALLER WHO IS LICENSED IN THE TOWN OF HARWICH
APPLICATION MUST BE IN THE NAME OF THE LEGAL OWNER OF THE PROPERTY.
ADDRESS, MAP & PARCEL HAVE BEEN VERIFIED BY THE ASSESSOR'S DEPARTMENT.
4 COPIES ENGINEERED SITE PLAN OF THE PROPERTY SHOWING SIZE AND LOCATION OF ALL PROPOSED BUILDINGS, ETC. AND LOCATION OF ALL COMPONENTS OF SEWAGE DISPOSAL SYSTEM.
ALL 4 PLANS MUST BE STAMPED AS APPROVED BY THE WATER DEPARTMENT FOR WATER LINE LOCATION PRIOR TO SUBMITTAL TO THE HEALTH DEPARTMENT.
1 COPY FLOOR PLAN(S)-INCLUDING EXISTING AND PROPOSED IF ALTERATIONS ARE PLANNED-PLANS MUST INCLUDE DIMENSIONS OF EACH ROOM
PERMIT FEE-MADE PAYABLE TO "TOWN OF HARWICH" (FEE TBD BASED UPON SYSTEM DESIGN)
IS PROPERTY IN ZONE II (WATER RESOURSE PROTECTION DISTRICT) YES NO
IS PROPERTY IN A FLOOD ZONE IF YES, WHICH ONE?ZONE
<u>VARIANCE LETTER/DEED RESTRICTIONS</u> (IF APPLICABLE) RECORDED AT BARNSTABLE COUNTY REGISTRY OF DEEDS
WELLS MUST BE INDICATED AND/OR INSTALLED PRIOR TO SUBMITTED AND APPROVAL

^{**}AVOID DELAYS BY FILING BUILDING AND SEPTIC APPLICATIONS SIMULTANEOUSLY

^{**}TURN AROUND TIME IS A MINIMUM OF 3 WEEKS