

Yamhill County

DEPARTMENT OF PLANNING AND DEVELOPMENT

525 NE 4th STREET • McMinnville, Oregon 97128

Phone:(503) 434-7516 • Fax:(503)434-7544 • Internet Address: <http://www.co.yamhill.or.us/plan/>

PERMIT#: _____ Application #: 36 - ____ - ____ Application Date: _____ Completion Date: _____

PLEASE PRINT

Applicant's Name & Address:

Telephone: _____

Water Supply: Well Community System Other

Tax Lot Number (PIN) _____

Lot Size (acreage/dimension): _____

Subdivision Name: _____

Owner's Name & Address: (if different than applicant)

Telephone: _____

Site Address: _____

Lot # _____ Block # _____

COMPLETE ONLY ONE SECTION BELOW, MARKING ITEMS THAT APPLY

SITE EVALUATION

- Single Family Dwelling**
Indicate # of bedrooms, if known _____
- Commercial** _____
Maximum # of employees _____
Maximum # of patrons _____
 Showers Food Preparation
 Other _____
- Planner Sign-off _____ Zoning _____

EXISTING SYSTEM EVALUATION

- Lender's Requirement _____
- Owner's Request _____
- Buyer's Request _____
- Government Agency: _____
- Other: _____
- Residential Commercial

PERMIT REQUEST

- Single Family Dwelling** # of bedrooms _____
- Commercial** _____
- NEW** **RENEWAL**
 Standard Alternative _____
- REPAIR** **ALTERATION**
 Tank Only Tank and/or drainfield
- SELF INSTALL** License # _____
- LICENSED INSTALLER** _____

AUTHORIZATION

- Replace House or Mobile Home**
of bedrooms in existing dwelling _____
of bedrooms in proposed dwelling _____
Net increase in bedrooms _____
- Alternative System Review**
- Personal Hardship/Temporary Housing**
- Other** _____
- System Currently in Use?**
 Yes No - date of last use _____
- Residential Commercial

I understand that this site must be prepared according to instruction in the guidance packet before action can be taken on this application. By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent, **Yamhill County Department of Planning & Development**, permission to enter onto the above described property for the purpose of this application.

SIGNATURE _____

DATE _____

- Owner
 Authorized Representative
 Licensed Installer

| RECEIPT NBR | CHECK NBR | CREDIT CARD | FEES PAID | AGENCY FEE | DEQ S/CHG | TOTAL PAID |
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