

Commonwealth of Virginia

Application for Safe, Adequate and Proper

VDH Use Only

HDID# _____

Date Received

**** All requested information is necessary to process your application regardless of the proposed construction. Failure to supply all requested information will delay the processing of your application. ****

Owner _____

Mailing Address _____

Phone Number _____

Agent _____

Mailing Address _____

Phone Number _____

Site Address _____

(if other than owner address)

Proposed Construction _____

Directions to Property _____

Subdivision _____ Section ____ Block ____ Lot # ____ Lot Size _____

Tax Map # _____ Other Property Identification _____

Previous or Original Owner _____ Original Contractor _____

Existing Sewage system

Approximate Date of Original Construction/Drainfield Installation _____

Single Family Home (#of Bedrooms ____)

Multi-Family Dwelling (Total # of Bedrooms ____)

Other (describe) _____

Circle One: Basement (Yes/No) Walk-out Basement (Yes/No) Fixtures in Basement (Yes/No)

Check All That Apply: Reduced Water Flow Limited Occupancy

Seasonal/Intermittent Use Temporary Use (describe below _____)

Water Supply

Public/Private (circle one) Is the Proposed Construction to be Termite Treated (Yes/No)

NOTE: A plat of the property may be required and **site sketch must be attached or completed on back of this application**. The site sketch should show your property lines, actual and/or proposed buildings/additions and the location of existing wells and sewage systems.

I give permission to the Virginia Department of Health to enter onto the property during normal business hours for the purpose of processing this application.

Signature or Owner/Agent

Date

Site Sketch:

Owner Name: _____ **Home Telephone:** _____

Mailing Address: _____ **Cell Telephone:** _____

Agent Name: _____ **Home Telephone:** _____

Mailing Address: _____ **Cell Telephone:** _____

Site Address: _____ **Tax Map:** _____

Subdivision Name (if applicable): _____ **Lot #** _____

OWNER/AGENT SIGNATURE:

DATE:

An owner may challenge a denial by requesting an Informal Fact-Finding Conference (IFFC) within 30 days of receipt of a decision. All requests for an IFFC must be sent in writing to the District Health Director and cite the reason or reasons for the request.

HEALTH DEPARTMENT:

NAME:

SIGNATURE:

DATE: