

**FAIRFAX COUNTY HEALTH DEPARTMENT
BUILDING PERMIT APPLICATION**

CHECK ALL APPLICABLE:

- NEW CONSTRUCTION SEWAGE DISPOSAL SYSTEM PERMIT INDIVIDUAL WELL WATER SUPPLY PERMIT
 ADDITION/REMODELING WELL ABANDONEMENT SEWAGE SYSTEM EXPANSION DEMO PERMIT
 BETTERMENT LOAN ELIGIBILITY (\$50.00 FEE)

TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT CLEARLY)

OWNER _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

AGENT _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

PROPERTY ADDRESS _____ TAX MAP _____

SUBDIVISION _____ SECTION _____ BLOCK _____ LOT _____

PERMIT TO BE MAILED TO: OWNER AGENT

RESIDENTIAL

Sewage: Septic Tank Public Other _____ Basement – Plumbing in Basement Yes No

Proposed Septic usage \geq 1000 GPD Yes No

Number of Potential Bedrooms _____ Number of Kitchens _____ Number of Laundry Rooms _____

Water: Well Public Other _____ No. of Geothermal Wells: _____

Will foundation be chemically treated for termites Yes No

COMMERCIAL

Sewage: Septic Tank Public Other _____ Estimated Number of Patrons _____ using sanitary facilities;

Number of Employees _____ using sanitary facilities; Total Estimated Daily Water Usage _____ Gallons

Water: Well Public Non-Community Other _____

Will foundation be chemically treated for termites Yes No

DESCRIBE CONSTRUCTION: _____

I GIVE PERMISSION TO THE HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY DESCRIBED FOR THE PURPOSE OF PROCESSING THIS APPLICATION. I UNDERSTAND A SUBSTANTIAL PHYSICAL CHANGE TO THE PROPERTY MAY VOID APPROVAL OF THE LOT FOR AN ONSITE SEWAGE DISPOSAL SYSTEM.

SIGNATURE _____ PRINT NAME _____

DATE _____ OWNER AGENT

For Department Use Only

HWELL: _____ HSEPTIC: _____

Date Lot Approved: _____ Type System _____ Design for _____ Bedrooms or _____ Gallons per Day

Perc Rate _____ Depth _____ Septic Tank Gallons _____ Absorption Field _____ (Lin. Ft.) Reserve Area _____ (Lin. Ft.)

Building Permit No. _____ Receipt Number _____

Remarks _____

REVIEWED BY _____ TITLE _____ DATE _____