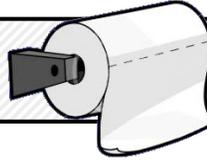


Health Department



Permit # _____

Intended Usage:

The purpose of this application is one or more of the following. All applicable items should be checked:

New Construction

____ Two Bedroom (Floor Plan Submitted)

____ Three Bedroom (Floor Plan Submitted)

____ Four Bedroom (Floor Plan Submitted)

____ Commercial Application

Existing System Review / Expansion

____ Two Bedroom—Building expansion with no additional bedrooms. Floor plans provided.

____ Two Bedroom—Building expansion *with* additional bedrooms. Floor plans provided.

____ Three Bedroom—Building expansion with no additional bedrooms. Floor plans provided.

____ Three Bedroom—Building expansion *with* additional bedrooms. Floor plans provided.

Comments:

Environmental Health Specialist

Date of Receipt, *Not Approval*

Applicant's Signature:

Date:

Receipt # _____

Please be advised that an on-site review of this application must be scheduled.