



# Tillamook County

Department of Community Development  
 On-site Sanitation Division  
 201 Laurel Avenue  
 Tillamook, Oregon 97141  
 (503) 842-3408  
 Fax (503) 842-1819

### Office Use Only

Application # \_\_\_\_\_  
 Fee Amount \_\_\_\_\_ / \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 Check# \_\_\_\_\_

### Type of Application (Check One)

- Site Evaluation
  - Authorization Notice
  - Existing System Review
  - Alteration Permit     Minor     Major
  - Repair Permit         Minor     Major
  - Renewal / Reinstatement
  - Field Visit     No Field Visit
- Construction Permit, check one**
- Standard System
  - Pressurized System
  - Sandfilter/ATT
  - Capping Fill
  - Other \_\_\_\_\_

### Required Attachments

- Plot Plan     Yes     No
- Tax Map      Yes     No
- Test Holes    Yes     No
- LUCS          Yes     No

### Property Owner/Applicant Information

Owner name \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Installer Name \_\_\_\_\_ DEQ Lic. # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Required Property Information

Tillamook County Assessor's Map & Tax Lot#  
 Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot Number \_\_\_\_\_  
 Subdivision Name, Lot, Block Description \_\_\_\_\_  
 Job Address \_\_\_\_\_ City \_\_\_\_\_  
 Water source \_\_\_\_\_  
**Important - Number of Bedrooms Currently** \_\_\_\_\_ **Number of Bedrooms Requested** \_\_\_\_\_  
 Purpose of Application or Type of Facility to be Served \_\_\_\_\_  
 Directions to property \_\_\_\_\_

**Is Property Within a City or City's Urban Growth Boundary?**     Yes     No

**If Answer is yes, the city must sign off before application is Submitted--**

**Site Ready for Inspection?**     Yes     No    **If Not, When?** \_\_\_\_\_

Is site identified and marked?     Yes     No

**Have all required documents been attached to this application?**     Yes     No

By my signature, I certify that the information that I have furnished is correct, and hereby grant DEQ and its agents permission to enter onto the above described property for the purpose of this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Property Owner Signature Only**

**Please Attach Scaled Plot Plan**