

KLAMATH COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

ON-SITE SANITATION DIVISION

305 Main Street, Klamath Falls, OR 97601-6332

Telephone: (541) 883-5121 (option # 6) | FAX: (541) 885-3644

INCOMPLETE APPLICATIONS WILL BE RETURNED

Application Date _____

Property Owner _____ Mailing Address _____ Phone _____

Agent/Representative Address Phone _____

Address/Directions to site (Specific written directions required. Also show detailed map on back if needed).

LEGAL DESCRIPTION: (Please fill out in full)

Table with 5 columns: Township, Range, Section, Tax Lot, Subdivision. Row 2: Zoning, Lot, Blk, Lot Size.

(If applicable)

Date test holes ready: _____

(If applicable)

Number of test holes: _____

(If applicable)

Date septic tank uncovered: _____

Water Supply: (Existing or Proposed)

Private/Source _____

Public/System name _____

System Installation:

Structure type: (Existing or Proposed)

Single residence/No. bedrooms _____

Other (specify) _____

Licensed Installer

(Name) _____

Property Owner

This information provided is correct to the best of my knowledge, and I agree to comply with all laws and regulations governing land use, sanitation and building construction. I hereby grant Klamath County and its authorized agent permission to enter the described property for the purpose of this application.

Signature – Owner / Agent (Circle One) _____

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FOR OFFICE USE ONLY

APPLICATION TYPE:

- Site Evaluation with Report*
Permit to Construct*
Permit Renewal
Permit to Repair (second page required)
Permit for Alteration
Authorization Notice (second page required)*
Existing System Evaluation (second page required)
Other
Field Trip Consultation Fee \$ Check #

*Land Use Compatibility Statement and Approved Stamped Plot Plan must accompany application.

Form box containing: Zoning Confirmed, Date Paid, Fee, Initial, Receipt No., Check #, PERMIT, Date Paid, Fee, Receipt No., Permit No., Check #, Initial.