

City of Swan Valley

Septic Permit Application for systems without a building

Please complete the application in full and provide the requested attachments to prevent any delay. You are encouraged to discuss your application with Staff prior to submittal. Upon completion of a review by staff.

APPLICANT INFORMATION:

Representing Company:

Company Name:

Phone:

Address:

City:

State:

Zip:

OWNER INFORMATION (IF OTHER THAN APPLICANT)

Name:

Phone:

Address:

City:

State:

Zip:

PROPERTY FOR CONSIDERATION

Site Address:

Current Zone:

Legal Description (i.e. Addition, Division No., Lot, Block):

Building Size:

Square Feet of building:

NATURE OF REQUEST/ INTENT OF PROPERTY:

SIGNATURE OF APPLICANT(S):

Date:

Date:

Office Use Only

Date:

Received by: