



**CUMBERLAND COUNTY HEALTH DEPARTMENT
SEPTIC AND/OR WELL PERMIT TAG SHEET**

Person Requesting Permit _____ Tax Map # _____

Property Owner _____ Zoning (A-2, R-2, etc.) _____

SECTION 1. (To be completed by a Cumberland County Zoning Administrator.)

The proposed site (circle one)

IS IS NOT ZONED FOR THE PROPOSED _____
house/mobile home/business

Setback requirements:

Front: _____

Side _____ Rear _____

Signature of Zoning Administrator _____ Date _____

SECTION 2. (To be completed by Health Department Clerk). DO NOT accept unless signed above & survey plat or legible site sketch is provided).

Application received by: _____ Date: _____

Receipt # _____ Amount: \$ _____ Cash/Check # _____

Social Security # _____ Date of Birth: _____

Sex: M / F Race: B / W / OTHER

SECTION 3. (To be completed by Environmental Health Specialist.)

	<u>Initials</u>	<u>Date</u>
Assigned to: _____	_____	_____
Site visit scheduled:	_____	_____
Site visit made:	_____	_____
Follow-up	_____	_____
Follow-up	_____	_____
Issue/Deny Drafted:	_____	_____
Issue/Deny Reviewed:	_____	_____
Issue/Deny Mailed:	_____	_____