



**APPLICATION
Private Sewage Disposal System Permit**

Permit Fee: **\$250**
Permit No. _____

Date _____

Title Holder _____

Mailing Address _____

SITE ADDRESS _____

Telephone Number (home) _____
(work) _____
(cell) _____

Status of Building
____ Existing
____ Under Construction
____ Proposed

Township (if known) _____ Section Number (if known) _____

Lot Size: _____ ft. by _____ ft.

Residential _____ or _____ Commercial (type)

Number of Bedrooms _____ Number of: _____ toilets _____ sinks _____ showers

Fixtures: _____ Garbage Disposal _____ Water Softener

Sewage Contractor
(if known) _____

A soil analysis will need to be conducted by a representative of this office in order to determine the size of the drainfield.

****A backhoe must be made available for the soil analysis****

Applicant's Signature

**Please return completed form and fee to:
Cerro Gordo County Department of Public Health
Environmental Health Section
22 North Georgia, Suite 300
Mason City, IA 50401
Phone (641) 421-9336 / Fax (641) 421-9351**