



Town of Castleton

263 Rte. 30 N, P.O. Box 727, Castleton, VT 05735

Contact: James Leamy, Health Officer at 802-468-5319 x 207

**ON-SITE SEWAGE DISPOSAL & WATER**

A Applicant/Property Owner(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Location \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Parcel/Tax Map # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_ \*See Town Clerk

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B Sewage Disposal Private:

Fee \_\_\_\_\_ Receipt# \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_ \*PLANS MUST BE ATTACHED

Replacement System ( ) New System ( )

Number of each: Persons \_\_\_\_\_

Kitchen Sink \_\_\_\_\_ Laundry \_\_\_\_\_ Toilet \_\_\_\_\_ Bathtub \_\_\_\_\_ Shower \_\_\_\_\_

Existing Bedrooms \_\_\_\_\_ New Bedrooms \_\_\_\_\_ Existing Baths \_\_\_\_\_ New Baths \_\_\_\_\_

Total Rooms: Existing \_\_\_\_\_ Including New \_\_\_\_\_

Designed by: \_\_\_\_\_ Constructed by: \_\_\_\_\_

Max. # of persons \_\_\_\_\_ Approved ( ) Rejected ( ) \_\_\_\_\_ Date \_\_\_\_\_

(OVER)

**C Water:**

**Public/ Municipal:** \_\_\_\_\_\*

(\*Contact Fire Districts #1 802-468-8900 or #2/3 802-278-8013 for connection information)

**Private Well:** Tile ( ) Drilled ( ) Depth \_\_\_\_\_ Other \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Date of Completion:** \_\_\_\_\_

I understand that this permit will be issued based on the representations herein. I understand that I must abide by all state and local laws and ordinances and that this permit does not constitute any form of state permit. I understand that this permit is void if its issuance is based on my misrepresentations or those of my agents. or if construction does not commence within 12 months of date of issue or completion of construction within 2 years, this permit becomes void.

I understand that approval of any part of this permit does not constitute any warranty of any kind and I waive any and all claims against the town and/or its agents arising out of contract or tort.

**Signature of Owner(s)/Agent** \_\_\_\_\_ **Date** \_\_\_\_\_