

**Application for Individual Site Sanitation Facilities- Fee Property
Confederated Tribes of the Umatilla Indian Reservation**

Part I- Homeowner

Property Owner: _____

Applicant (if different from owner): _____

Telephone (home): _____ (work): _____ (cell): _____

Site Address: _____

Mailing Address: _____

Part II – Property Information

Township: _____ Range: _____ Section: _____ Tax Lot: _____

Size: _____ Zone: _____ Subdivision (if applicable): _____

Part III – Application For: (check all that apply)

Permit

- Site Evaluation
- Permit to Construct
- Permit to Repair
- Permit for alteration
- Existing System Evaluation
- Plan Review
- Other (Specify) _____

Authorization Notice

- Connect to an existing System
- Replace a home with another
- Addition of one or more bedrooms/bathrooms
- Personal Hardship
- Temporary Housing
- Other (specify) _____

Part IV – Basic Home Info:

New Home: _____ Existing Home: _____ > Number of years at existing home: _____

Single Family Residence: Yes _____ No _____ (if no specify) _____

Number of Bedrooms: _____ Number of Bathrooms: _____

Public Water Supply: _____ Private Water Supply: _____ Well permit number: _____

Dwelling Type: Wood Frame: _____ Masonry: _____ Manufactured: _____

Other: _____

Number of Plumbing Fixtures: Sink: _____ Toilet: _____ Bathtub/shower: _____

Garbage Disposal: _____ Dishwasher: _____ Washer: _____

Home use is: Primary (year round) Yes: _____ No: _____

Name and age of occupants:

_____	_____
_____	_____
_____	_____
_____	_____

Part V: Facilities

Facilities Existing:

- _____ Well
- _____ Water Pressure System
- _____ Community Water Service
- _____ Electrical Power at Site
- _____ Septic Tank
- _____ Drain field

Facilities Requested:

- _____ Well
- _____ Water Pressure System
- _____ Community Water Service
- _____ Septic Tank
- _____ Drain field
- _____ Community Sewer Service

Reason for requesting services

- _____ Service to a new existing home
- _____ Service to an existing home
- _____ Replacement to an existing home site
- _____ Technical assistance

-
1. I hereby certify that the information in this application is true and accurate to the best of my knowledge.
 2. I hereby agree to allow CTUIR or its authorized representatives to enter upon my property to evaluate the site and to inspect the facilities requested in this application.
 3. To obtain all easements and permits necessary for the requested sanitation facilities.
 4. To accept ownership upon completion of the requested sanitation facilities, and to operate and maintain them in a satisfactory manner.

Applicant: _____ Date: _____

I am the (circle one): Owner / Owner's authorized representative (If authorized representative please attach letter signed by owner)

Incomplete Applications Will Not Be Accepted

ENVIRONMENTAL HEALTH OFFICE USE ONLY

Tribal Land Use Status:

Zoning Designation _____

Is the property a legal lot of record? Yes ___ No ___

Is the proposed site in within the 100 year Flood plain? Yes ___ No ___

Is the Proposed housing site in conformance with the CTUIR
Land Development Code? Yes ___ No ___

Is the proposed site acceptable for housing? Yes ___ No ___

Comments/conditions: _____

Tribal Planning Official

Date

This application has been reviewed by the Confederated Tribes of the Umatilla Indian Reservation. The application is considered eligible and is approved for services.

Environmental Health Officer

Date