



# SEPTIC SYSTEM PERMIT APPLICATION

400 East Military Ave Fremont NE 68025

**402-727-2638 402-727-2659 Fax**

[www.fremontne.gov](http://www.fremontne.gov) [building@fremontne.gov](mailto:building@fremontne.gov)

Date \_\_\_\_\_

Permit # \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_

PROPERTY OWNER Name & Address: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

Septic System – Full

Septic System – Field Only

Septic System – Tank Only

Was a PERK test completed?  Yes  No *Results of PERK test must be included with application*

**\*\*You must provide detailed drawings of what is being done and it will be reviewed before a permit is issued.\*\***

Drawings must include the following:

Distance of septic system to the house

Distance of septic system to the well

Distance of septic system to water

Distance of septic system to the property line(s)

Adjacent property owner’s septic system locations

Size of tank

Absorption field

Other information requested by building department

**CONTRACTOR** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**ALL TRASH, DEBRIS, AND SOLID WASTE GENERATED IN THE CITY OF FREMONT MUST BE DELIVERED TO THE TRANSFER STATION SITED BY FREMONT.**

I certify no work will be done except as described above or on accompanying plans. All work will be performed in compliance with all codes and ordinances of the City of Fremont, and inspections requested as outlined on the front side of the yellow permit card. I certify that the above application complies with the ordinances pertaining thereto in the City of Fremont and recommend that a permit be granted.

**Applicant Name** (print clearly) \_\_\_\_\_

**Signature** \_\_\_\_\_