



TOWN OF HILLIARD
SEPTIC TANK EXCPTION APPLICATION
15859 W CR 108 Hilliard, FL 32046
Phone: 904-845-3555 | cs@townofhilliard.com

For Staff Only

File #: _____

Application Fee: \$ _____

Payment Processed By: _____

Septic Tank Exception Application

A. PROJECT

1. Project Name: _____
2. Address of Subject Property: _____
3. Parcel Number(s): _____
4. Existing Use of Property: _____
5. Future Land Use Map Designation: _____
6. Zoning Designation: _____
7. Acreage: _____

B. APPLICANT / CONTRACTOR*

1. Applicant's Status: ☐ Owner (title holder) ☐ Agent
2. Name of Applicant(s) or Contact Person(s): _____ Title: _____
Company (if applicable): _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: () _____ E-mail: _____
3. Contractor:
Name of Contractor: _____
Company (if applicable): _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: () _____ E-mail: _____

*** Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.**

C. ATTACHMENTS (One copy plus one copy in PDF format)

1. Site Plan including but not limited to:
 - i. Name, location, owner, and designer of the proposed development.
 - ii. Vicinity map - indicating general location of the site and all abutting streets and properties.
 - iii. Statement of Proposed Uses.
 - iv. Location of the site in relation to adjacent properties, including the means of ingress and egress to such properties and any screening or buffers along adjacent properties.
 - v. Date, north arrow, and graphic scale (not to exceed one (1) inch equal to fifty (50) feet).
 - vi. Area and dimensions of site.



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- vii. Location of all property lines, existing right-of-way approaches, sidewalks, curbs, and gutters.
 - viii. Access and points of connection to utilities (electric, potable water, sanitary sewer, gas, etc.).
 - ix. Structures and major features – fully dimensioned – including setbacks, distances between structures, floor area, width of driveways and lot coverage.
- 2. Legal description with tax parcel number.
 - 3. Warranty Deed or other proof of ownership.

D. FEE

- 1. \$250.00

No application shall be accepted for processing until the required application fee is paid in full.

All attachments are required for a complete application. A completeness review of the application will be conducted within ten (10) business days of receipt. If the application is determined to be incomplete, the applicant will be required to provide the needed documents prior to approval of work. Work prior to approval will result in a Code Enforcement Violation.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____

County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20_____, by _____, who is/are personally known to me, or who has/have produced _____ as identification.

NOTARY SEAL

Signature of Notary Public, State of _____