



Town of Hilliard Septic Tank Exception Application

FOR OFFICE USE ONLY

File # _____

Application Fee: _____

Filing Date: _____ by: _____

Acceptance Date: _____ by: _____

A. PROJECT

1. Project Name: _____
2. Address of Subject Property: _____
3. Parcel ID 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: (____) _____ FAX: (____) _____ e-mail: _____
3. Contractor:
Name of Contractor: _____
Company (if applicable): _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: (____) _____ FAX: (____) _____ 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:
 - a. Name, location, owner, and designer of the proposed development.
 - b. Vicinity map - indicating general location of the site and all abutting streets and properties.
 - c. Statement of Proposed Uses.
 - d. 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.
 - e. Date, north arrow, and graphic scale (not to exceed one (1) inch equal to fifty (50) feet).
 - f. Area and dimensions of site.
 - g. Location of all property lines, existing right-of-way approaches, sidewalks, curbs, and gutters.
 - h. Access and points of connection to utilities (electric, potable water, sanitary sewer, gas, etc.).
 - i. Structures and major features – fully dimensioned – including setbacks, distances between structures, floor area, width of driveways and lot coverage.
 - j. Required buffers.
 - k. Location of existing trees, identifying any trees to be removed.
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. Any fees necessary for technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice shall be paid in full prior to any action of any kind on the development application.

All 3 attachments are required for a complete application. A completeness review of the application will be conducted within fourteen (14) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

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 _____