

Morgan County Health Department 180 S. Main Street, Suite 252 Martinsville, Indiana 46151-1988

Phone: 765-342-6621 Fax: 765-342-1062

APPLICATION FOR REMODEL/ROOM ADDITION OR OTHER PROPERTY ALTERATIONS 1. Property Owner's Name 2. Property Address 3. Property Owner's Phone # 4. Septic Permit # if Applicable 5. Will the Number of Bedrooms be Increasing? Y/N 6. Please Describe the Work That Will be Done to the Property.	Date:_	
OTHER PROPERTY ALTERATIONS 1. Property Owner's Name 2. Property Address 3. Property Owner's Phone # 4. Septic Permit # if Applicable 5. Will the Number of Bedrooms be Increasing? Y/N	Code #	*************************************
 Property Address	A	
 Property Address	1.	Property Owner's Name
4. Septic Permit # if Applicable	2.	
5. Will the Number of Bedrooms be Increasing? Y/N	3.	Property Owner's Phone #
	4.	Septic Permit # if Applicable
6. Please Describe the Work That Will be Done to the Property.	5.	Will the Number of Bedrooms be Increasing? Y/N
	6.	Please Describe the Work That Will be Done to the Property.

For home remodels and room additions a floorplan of the home will be required. All rooms must be labeled as they are currently used. A second floorplan will be required which shows the remodel or room additions and what the rooms will be used for. Also a plot plan detailing where all parts of the septic system are located will be required. The floorplans and plot plan can be hand drawn.