

FLOYD COUNTY HEALTH DEPARTMENT

1917 Bono Road
New Albany, Indiana 47150-4607
Telephone (812) 948-4726
Fax (812) 948-2208

www.floydcountyhealth.org



Do you need a site approval?

Is there a septic system on the property where the structure is being built?

YES – continue to next question

NO – Stop you do not need a site approval

Are you adding a bedroom? YES – Stop you must talk to an environmentalist

NO – continue to next question

Are you only remodeling the interior of the residence?

YES – Stop you must talk to an environmentalist

NO – continue to next question

Are you only covering an existing deck or porch?

YES-Stop you must talk to an environmentalist

NO- Please fill out the site approval application

PLEASE READ THE FOLLOWING STATEMENTS:

- **You must mark the location of the structure(s) you want to build.** If it is not marked when FCHD comes to your property you will have to pay for another site approval.
- If FCHD does not have a drawing of your septic system **you are responsible for locating the septic tank and the lateral lines.**
- Site approval inspections are generally completed within 5-7 business days from time of application submittal.
- If your septic system is failing the site approval **will be denied and further investigation will be required by FCHD.**
- When the site approval is complete, FCHD will issue a site approval permit to the owner/applicant. This permit can be emailed to the owner/applicant and the building department or a hard copy can be obtained from our office and be taken to the building department for their permit. For a complete list of requirements to get your building permit contact the building department (812-981-7611).

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APPLICATION FOR SITE APPROVAL PERMIT

For construction of out buildings, additions, slabs, driveways, parking areas and/or installation of swimming pools, geothermal heat system, water line, lake/pond/reservoir, and/or underground lawn sprinkler system.

FEE FOR PERMIT- \$ 40.00 (due upon application—non refundable)

Receipt # _____ Date Paid: _____ Clerk Initials: _____

Application Date: _____

Person Applying for Permit: _____ Phone Number: _____

Email Address (where permit can be sent): _____

List Type(s) of Construction (**be specific and include dimensions**): _____

****If addition, please list what type (Ex: bedroom, sunroom, office, etc)**

Date Construction will be marked off: _____

Would you like to be present during inspection? _____

Name of property owner: _____

Address of property: _____

Phone number(s): _____

Year home was built: _____ Original name of home owner: _____

Have there been any repairs made to the septic system? _____

Year repairs were made: _____

Health Department Staff Comments: _____