

REQUEST FOR GRANT COUNTY CONDITIONAL BUILDING PERMIT APPLICATION SIGN-OFF

A well must be drilled prior to permitting.

I am unable to fulfill the Water Availability application requirements at the time of application therefore I hereby request Grant County Health District (GCHD) to conditionally sign-off the building permit application for:

1. Applicant name: _____
2. Building Permit Application Number: _____
3. Parcel number: _____

I am requesting a conditional sign off for the following reason(s):

I have read the Water Availability application and understand all the requirements.

I understand GCHD will not approve the water availability application until all conditions and requirements are met.

I understand I may not be able to occupy the structure until the water availability application is approved by GCHD.

Applicant Printed Name

Applicant Signature

Date

