Morgan County Health Department
180 S. Main St., Ste. 252
Martinsville, IN 46151
765-342-6621

Date: _____
Code #: _____

Application for Remodel/Room Addition or Other Property Alterations

Property Owner's Name: _____

Property Address: _____

Property Owner's Phone Number: _____

Septic Permit Number, (if available): _____

Will the Number of Bedrooms be Increasing? Yes _____ No _____

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. Note: The floorplans and plot plan may be hand drawn.