



Notice of Onsite Sewage Disposal Limitations County of Clarke

THIS DOCUMENT MUST BE RECORDED IN THE CLARKE COUNTY CIRCUIT COURT

Please complete form with all known information. Apply N/A if not known.

Owner Name(s): _____
Please print

Property Description: _____

Tax Parcel No.: _____

Dwelling 911 Address: _____

The onsite sewage disposal system permit issued by Virginia Department of Health for the above-referenced dwelling on the above-referenced property limits the structure to:

_____ () gallons/day
_____ () maximum occupants
_____ () bedrooms
Write out number (number)

Attach copy of the permit and check appropriate box.

Permit is complete*

Owner Signature[s]:

Permit is incomplete*

Operations Permit

*** Consult form F1211-23 for Definitions of Complete and Incomplete Records**

STATE OF VIRGINIA AT LARGE

City / County of _____ To-wit:

The foregoing instrument was acknowledged before me this _____ day of

_____, 20____, by _____
Applicant[s] Name[s]

My Commission Expires: _____ Notary Registration No.: _____

NOTARY PUBLIC

NOTE: ATTACH A COPY OF VDH PERMIT