



6850 Upper Box Elder Road Box Elder, MT 59521 (406) 395-4486

Application for Water and Sewer Facilities – Individual Site

PART 1- HOMEOWNER INFORMATION

Name: _____ Phone Number: _____

Site address: _____

Current mailing address: _____

Number of years at current location: _____. Information below for the existing or proposed home (*circle one*). Type: Wood Frame, Log Home, Mobile Trailer, Pre-Manufactured, Other.

If other, please specify: _____

Number of bedrooms: ____, Plumbing fixtures sink: ____, Toilets: ____, Bathrooms: ____, Bath/Shower: ____, Number of occupants living in household: _____

Will this be your primary or secondary residence? _____

Mobile Trailer/ Modular Home ONLY: Is home on site? Yes ___ No ___, if not at Bill of Sale

If Mobile Trailer/ Modular Home is purchased, when will it be moved on site? _____

Is power available at the site? Yes ___ No ___.

Existing water and sewage facilities at site (*please check that apply*):

	Yes	No		Yes	No
Water Well			Septic Tank		
Water Pressure System			Drain Field		
Community Water Service			Community Sewer Service		

Requested water and sewage facilities for site:

Individual well ____, Individual Pressure System ____, Individual septic tank & drain field system ____.

Reason for requesting services:

Service to a new home ____, Service to a rehabilitated home ____, Replacement or failed facilities ____, Other _____.

Legal Description: _____

Lease/Allotment Parcel Numbers: _____

Land is Trust ___ Non-Trust ___ Other _____ if Lease, number of years _____

INDIVIDUAL SITE GUIDELINES

I hereby certify that information in this application is true and accurate to the best of my knowledge. I hereby agree:

1. To allow the Chippewa Cree Tribe or its authorized representative to enter upon my property to evaluate the site and to construct or inspect facilities requested in this application.
2. To obtain all easements and permits necessary for the requested sanitation facilities.
3. To accept ownership upon completion of the requested sanitation facilities, and to own, operate and maintain them in a satisfactory manner after the construction contractors' one-year warranty period.

I understand these facilities will be provided only if funding is available and if this application meets the Chippewa Cree Tribal Health Center's qualification requirements.

Signature of Head of Household

Date

PART 2 – TRIBAL

Land use endorsement (Natural Resources Department)

Zoning: The proposed housing site is ___ is NOT ___ in conformance with Tribal zoning, land use resolutions, archaeological areas or housing site recommendations.

This site is NOT acceptable for a housing site due to: _____

Land status certification: The Natural Resources Department has reviewed the applicants land status as reported above by applicant and hereby certify that it is ___ is NOT ___ current and accurate (if not) Actual Status _____

Chippewa Cree Tribe – Natural Resource Department Endorsement:

Director

Date