

NEW Construction ApplicationType of Permit: NEW or RENEWALProperty Owner's Name (*Please Print*):
_____Property Owner's Address (*Please Print*):

STREET

CITY

STATE

ZIP

Owner's Phone #: _____ Owner's Email: _____

Site/Construction Address:

STREET

CITY

STATE

ZIP

Authorized Agent (*Other than Property Owner*) (*Please Print*):

Agent's Phone #: _____ Agent's Email: _____

Subdivision Name (*If Applicable*): _____ Lot #: _____

Lot Size/Acreage: _____ Gate Code #: _____

Water Supply: Public Water Individual Well Animals to be aware of on Property Yes or NoAre there any abandoned or inactive wells on the property? Yes or No

I hereby apply for a construction permit to install an On-Site Sewage Management System and agree that the system will be installed to conform to the requirements of the rules of the Georgia Department of Public Health, Chapter 511-3-1. By my signature, I understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover material to the system.

Owner/Agent Signature: _____ Date: _____

Type of Structure: Single Family Multi Family Commercial _____

Type of Business

 Other: _____

of Bedrooms _____ OR # of Employees _____

Garbage Disposal: Yes or No Swimming Pool (current/future request): Yes or NoLevel of Plumbing Outlet: Ground Level Basement Above GroundHouse or Building Site Staked/Flagged: Yes or NoComments/ Requests/ Directions:

_____**Office Use Only:**Provided: Plat of Property 8 1/2" x 11" copy of House Floor Plans Level III Soil Report