



County: _____

New Commercial Septic Permit Application

PROPERTY INFORMATION

Business Name _____

Address _____

City _____ State _____ Zip Code _____

LOT SIZE(acre) _____ BUILDING SIZE (sq ft) _____ Water Supply: Public _____ Private _____

OWNER INFORMATION

Business Owner _____

Address _____ Suite _____

City _____ State _____ Zip Code _____

PH(1) _____ PH(2) _____ Fax _____

EMAIL _____

APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

PH(1) _____ PH(2) _____ Fax _____

EMAIL _____

SPECIFIC DIRECTIONS TO PROPERTY



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TYPE FACILITY - (if property is a mall or strip shopping center, check all to be included within development)

_____ **RESTAURANT** - No. of seats _____ Carry-out only (Y/N) _____ Single service (Y/N) _____

_____ **HOTEL/MOTEL** – No. of rooms _____ Kitchenette in rooms(Y/N) _____ Breakfast bar (Y/N) _____ (If “Y”, requires food service permit) Pool (Y/N) _____ (if “Y”, requires public pool permit)

_____ **EVENT CENTER/ASSYMBLY HALL** - Capacity of facility _____ To be catered (Y/N) _____
Food prepared on site (Y/N) _____ (If “Y”, food service permit required)

_____ **CHURCH** – No. of seats _____ Kitchen(Y/N) _____ Public Daycare (Y/N) _____ Public School (Y/N) _____

_____ **SCHOOL** – No. of students/faculty _____/_____ Cafeteria (Y/N) _____ Gym (Y/N) _____

_____ **DAYCARE** – No. of children/staff _____/_____ Meals (Y/N) _____ Washing Machine (Y/N) _____

_____ **MEDICAL OFFICE** - No. of exam rooms _____ Washing Machine (Y/N) _____

_____ **DENTAL OFFICE** – No. of chairs _____ Continuous water (Y/N) _____ Demand Water (Y/N) _____
Washing Machine (Y/N) _____

_____ **VETERINARY/ANIMAL CLINIC** - No. of runs _____ No. of cages _____ No. of employees _____
Washing Machine (Y/N) _____

_____ **SALON/BARBER** – No. of chairs _____ No. of employees _____ Washing Machine (Y/N) _____

_____ **RETAIL/CONVENIENCE STORE** (freestanding) - No. of restrooms _____ No. toilets/urinals _____/_____

_____ **RETAIL** (strip mall/center) - Total Enclosed Sq. Ft. _____

_____ **OFFICE/FACTORY** – Number of employees _____ Kitchen (Y/N) _____ Showers (Y/N) _____

ADDITIONAL INFORMATION/COMMENTS



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TYPE OF SYSTEM PREFERRED - _____ Conventional/gravel _____ Polystyrene (EZ Flow,etc) _____ Chamber
_____ Other (specify _____)

****NOTE TO APPLICANT****

1. Attach detailed site plan/engineered design (if required) indicating primary and replacement septic systems
2. **Level 3 Soil Analysis w/ Liability Insurance document**
3. Stake/flag building corners and parking areas
4. Mark all property lines
5. **Place sign at road designating construction site**

I hereby apply for a construction permit to install or construct an on-site wastewater management system. The system will be installed to conform to the rules and regulations of the Georgia Department of Public Health, Chapter 511-3-1. I understand that final inspection is required and will notify the County Environmental Health Department upon completion of construction and before applying final cover. Permit expires 12 months from the date of issue.

The information as furnished in this application is true, and correct to the best of my knowledge. The owner/applicant is responsible for adverse soil conditions, such as rock or water tables encountered. The grant of a permit by the County Board of Health for the installation of any on-site wastewater management system does not constitute a warranty of endorsement.

Signature _____ Date of application _____

Print Name _____

*****FAILURE TO COMPLY WITH THE REQUIREMENTS OF THIS APPLICATION COULD RESULT IN A DELAY OF PERMIT APPROVAL*****