



County: \_\_\_\_\_

**Commercial Septic Repair 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 \_\_\_\_\_

**REASON FOR REPAIR APPLICATION**

\_\_\_\_\_ FAILURE IN SYSTEM FUNCTION \_\_\_\_\_ ADDITION TO FACILITY(S)



### Commercial Septic Repair Permit Application

**PLEASE PROVIDE SHORT DESCRIPTION OF PROBLEM:**

**PLEASE DESCRIBE ADDITIONS TO PROPERTY:**

**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) \_\_\_\_\_



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**TYPE OF SYSTEM PREFERRED:** \_\_\_\_\_ Conventional/gravel \_\_\_\_\_ Polystyrene (EZ Flow,etc) \_\_\_\_\_ Chamber  
\_\_\_\_\_ Other (specify \_\_\_\_\_)

*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\*\*\***