



APPLICATION FOR PERMIT TO CONSTRUCT
ONSITE SEWAGE MANAGEMENT SYSTEM

Fulton County Board of Health
Environmental Health Services

SITE INFORMATION

Address: # Street Room/Suite City Zip Code

Lot Size: acres Land Lot #: District #:

Drinking Water Supply Type: Bored Drilled For: New Repair Usage: Private Irrigation Semi- Public Other

Service Connections: (Complete only for Semi-Public) # of People Served Daily: (Complete only for Semi-Public)

Sewage Disposal Type: Public Sanitary Sewer Onsite Sewage Management System

OWNER INFORMATION

Name: Title:

Address: # Street Room/Suite City State Zip Code

Telephone #: Fax#: Email:

APPLICANT INFORMATION

Name:

Address: # Street Room/Suite City State Zip Code

Work #: Fax#: Cell#: Email:

CONTRACTOR INFORMATION

Name: Certification #:

Address: # Street Room/Suite City State Zip Code

Work #: Fax#: Cell#: Email:

I, Applicant Name (Print), certify that all information given in this application is true and correct to the best of

my knowledge. I further understand and agree to comply with the Fulton County Code of Ordinances and Code of Resolutions, Chapter 34, Health and Sanitation, "Article IV" "Drinking Water Supply" as the holder of a permit to construct an onsite drinking water supply system in Fulton County. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended, revoked or expired.

Preferred Contact Method: Telephone Email Fax

Applicant Signature Title Date

EHS Use Only

Construction Permit #: Lot Size: acres Land Lot #: District #:

Drinking Water Supply Type: Bored Drilled For: New Repair Usage: Irrigation Private Semi- Public Other

Sewage Disposal Type: Public Sanitary Sewer Onsite Sewage Management System

Date of Remittance: / / Fee Amount: Check/M.O. #: Receipt #:

Control #: District Assignment: Territory Assignment:

EHS Staff Date of Issuance

* Refer to Onsite Water Supply Construction Checklist*
*** Attach Onsite Water Supply Diagram***