



# APPLICATION FOR PROPERTY RENOVATION

Fulton County Board of Health  
Environmental Health Services Division

PROPERTY OWNER INFORMATION

Address of Renovation: \_\_\_\_\_ GA \_\_\_\_\_  
# Street Suite/Bldg# City Zip

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street Suite/Bldg# City State Zip

Contact: \_\_\_\_\_  
Telephone/Cell# Fax# E-mail

CONTRACTOR / BUILDER INFORMATION

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street Suite/Room# City State Zip

Contact: \_\_\_\_\_  
Telephone/Cell# Fax# E-mail

As the property owner, I \_\_\_\_\_ am requesting approval for the following renovation on  
(Print Property Owner's Name)  
my property at the above address:

\_\_\_\_\_ (installing pool, adding deck/bedroom, building garage/tennis court, etc.)

I agree that approval of plans by the Fulton County Board of Health, Environmental Health Services Division, for this renovation does not eliminate the possibility that the existing onsite sewage management system (OSMS) on my property will be disturbed during the renovation. In the event that my OSMS system is disturbed in any way during the renovation, the contractor / builder and I have reached an agreement as to who will be responsible for repairing/restoring my OSMS in accordance with instructions from the Department and Fulton County Code of Ordinances and Code of Resolutions, Chapter 34, "Health and Sanitation", Article XI, "Sewage Disposal". I and the contractor/builder agree that if the OSMS is disturbed during the renovation, all work shall stop until the Department is contacted and a permit to repair the OSMS system has been issued by the Department. Preferred Contact Method: Telephone ٱ Email ٱ Fax ٱ

\_\_\_\_\_  
(Property Owner's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Contractor's / Builder's Signature)

\_\_\_\_\_  
(Date)

=====EHS Use Only=====

Copy of OSMS Inspection Report attached

Copy of Renovation Letter attached

Inspection Date: \_\_\_\_\_

Control #: \_\_\_\_\_

Service Code: \_\_\_\_\_

Check/M.O.# \_\_\_\_\_

Fee Amount: \_\_\_\_\_

Receipt#: \_\_\_\_\_

Approved By: \_\_\_\_\_  
EHS Staff

\_\_\_\_\_  
Date