

Habersham County Environmental Health Department

130 Jacob's Way STE 102 Clarkesville, GA 30523 Phone: 706-776-7659 Fax: 706-754-7127

Septic Permit Revision Application

GENERAL APPLICATION INFORMATION

Applications may be submitted Monday – Thursday between 8:00 AM - 4:00 PM and Friday 8:00AM -2:00 PM

The following items must be received prior to processing all applications:

Permit fees:

LAND USE FEES	
Septic Construction Application (Residential)	\$200.00
Commercial Plan Review Fee	\$150.00
Septic Construction Application (Commercial)	
0-1000 gallons	\$350.00
1001-3000 gallons	\$450.00
3001-6000 gallons	\$550.00
6001-10,000 gallons	\$700.00
Advance Treatment Permit (ATU or ATS)	\$300.00
Pump System Fee	\$100.00+ application fee
Septic System Re-Inspection Fee (after unsatisfactory inspection)	\$150.00
Special Case Permit (for litigation) *illegal install fee	\$500.00
Septic Permit Renewal Fee (after expiration)	\$200.00
On-Site Assessment Fee (pre-purchase or by request)	\$75.00

Please describe reasoning for permit change(s):

Septic Contractor/Company (if applicable): _____

Phone #: _____ Email: _____

Important!!! On-site sewage management system permits are **valid for 12 months from the date of issue** and are not issued in the office. You will be contacted once the permit is ready. The application will be reviewed, and a site evaluation will occur. You may be asked to meet with the Inspector on the property to discuss house and septic system location. Once the septic permit has been issued, it is the owner's responsibility to take the permit to the building inspection department to apply for a building permit.

GENERAL INFORMATION

Septic Construction Permit Number:	Would you like to schedule a site meeting prior to this evaluation? (please be aware that appointments may result in additional application review time and fees) Yes/No:
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Proposed Septic System Design (if applicable): Conventional Chamber Alternative Pump ATS or ATU

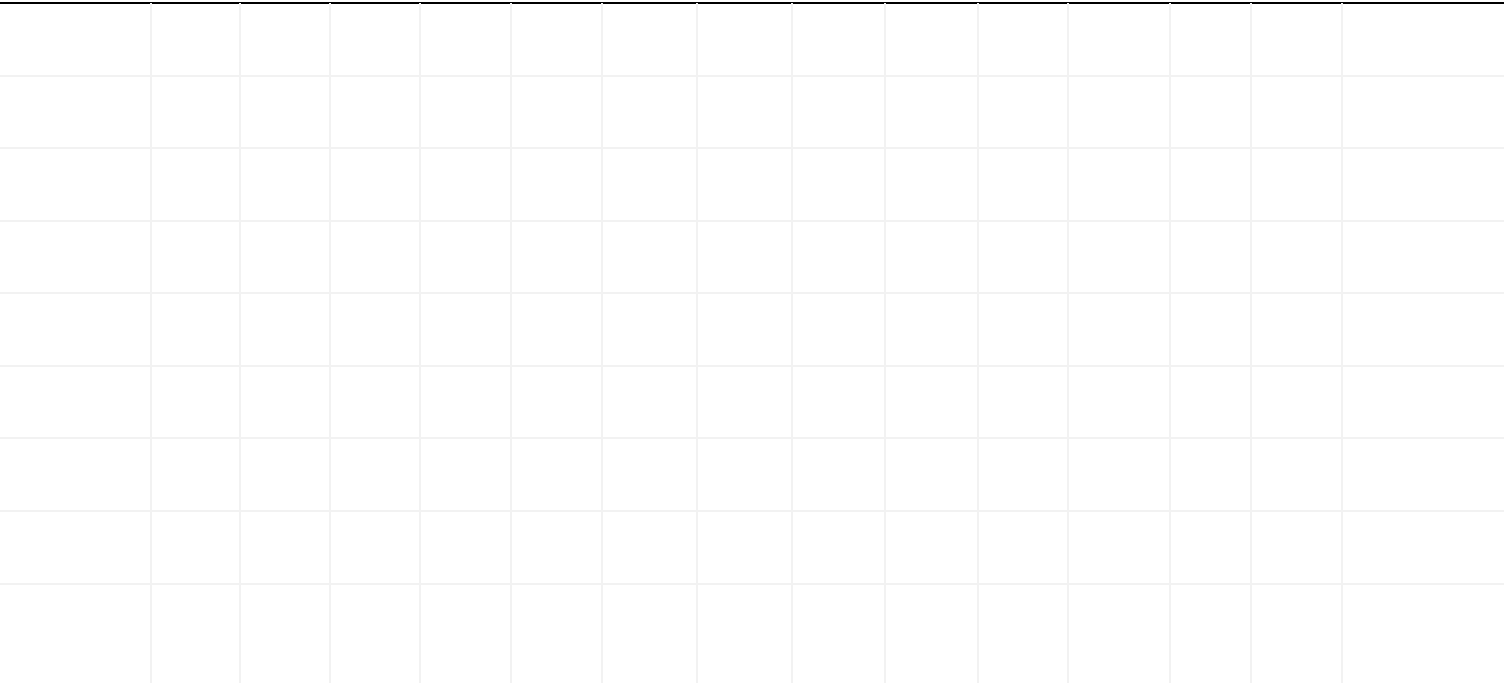
Other: _____

Proposed Absorption Field Product (if applicable):

Stub Out Location (check all that apply): 1. Slab <input type="checkbox"/> 2. Crawlspace <input type="checkbox"/> 3. Basement <input type="checkbox"/> 4. First Level over Basement <input type="checkbox"/>	Water Supply (check one): 1. Public <input type="checkbox"/> 2. Private Well <input type="checkbox"/> 3. Community Well <input type="checkbox"/> 4. Other: _____ <input type="checkbox"/>	Proposed bedroom(s) or gallons per day:
		Garbage Disposal (Yes / No):
		Lot Size (acreage):

REVISED SITE PLAN SKETCH

The following information must be provided in the space below: 1) lot sketch showing lot dimensions, proposed building location/dimensions, proposed building line and side line distances; 2) street or road name; 3) well location if applicable and well locations on adjacent property; 4) driveway, patio or other paved surfaces; 5) underground utilities; 6) plumbing stub out and proposed drainfield location; 7) location of easements and flood plain; 8) replacement area, if necessary. *Note: Complex lots, commercial systems, or alternative systems may require accurately scaled site plans and/or engineered design plans.*



Check box if a site plan is attached

The above information as furnished is true and correct to the best of my knowledge. I do hereby give permission to the health department to enter onto the property, at reasonable hours, for processing this application. The applicant and/or owner is responsible for adverse soil conditions, such as rock or water tables, encountered.

Signature of Applicant:

Applicant Name (print):

Date: