

Habersham County Environmental Health Department

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

Subdivision Review 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	
Preliminary S/D Review Fee 10 Lots or less	\$100.00
Preliminary S/D Review Fee 11-30 Lots	\$200.00
Preliminary S/D Review Fee 31-50 Lots	\$250.00
Preliminary S/D Review Fee 50+ Lots	\$300.00(+ \$10 per each lot over 50 lots)
Final Subdivision Review	\$35.00 (per lot)

- You will need to obtain the **Map/Parcel ID** from the Habersham County Planning & Development Department (706-839-0140). They are located at: 130 Jacob's Way, STE. 104 Clarkesville, GA. This unique identification number is required prior to submission of your application.
- A topographic map depicted **in two-foot (2') contour intervals**. Additional contour intervals may be required by the Habersham County Board of Health.
- A soil survey with soil descriptions based on a **high intensity soil study, (Level 3)**, conducted in compliance with the Georgia Manual for On-Site Sewage Management Systems; If a Level 3 is done for preliminary review, the soil scientist must complete an update at the time of final. (This will reflect any alterations when the roads are built.); A list of DPH certified soil classifiers is available at the Department office or by visiting: www.dph.georgia.gov/environmental-health.
- The location of **all** present and proposed wells, water systems, water courses, flood plains, sewage systems, structures, right-of-way(s), utilities, storm water drainage systems, proposed road and street construction, grading or disturbance plans, setbacks, and easements on the property and within one hundred-feet (100') outside the perimeter of the property.
- List of the non-restricted area for each lot when calculated in accordance with the Habersham County Lot Size Resolution.
- The name, registration number and seal of the professional surveyor or engineer that prepared the development plan.
- All proposed property boundaries/lines shall be clearly identified**; No grading/digging or filling are to occur on the lot as this will affect septic tank placement and will void the soil report.

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Date: _____

County Map/Parcel ID: _____

Property Address (if applicable): _____

City/State _____ Zip: _____

Property Owner's Name: _____

Property Owner's Mailing Address: _____

City/State: _____ Zip: _____

Phone #: _____ Mobile/Alternative #: _____

Email: _____

Applicant's Name: _____

Or:

Same as above

Relationship to Property Owner (if applicable): Tenant Contractor Power of Attorney or,

Other: _____

Applicant's Address: _____

City/State: _____ Zip: _____

Phone #: _____ Mobile/Alternative #: _____

Email: _____

HABERSHAM CO. SUBDIVISION REVIEW APPLICATION

Instructions: The applicant or authorized agent should provide as much information as possible on this form. The local board of health will issue OSSMS construction permits based on minimum standards after an assessment of site conditions, soil characteristics, and proposed daily wastewater flow. As a minimum, a site plan sketch; proposed daily flow (or number of bedrooms); and permission to visit the site must be provided. *Note: Where system components are not indicated by the applicant, the local board of health will permit minimum conventional system standards based on wastewater flow, soil characteristics, and site conditions.*

GENERAL INFORMATION

Gate Code (if applicable):	Would you like to schedule a site meeting prior to this evaluation? <i>(please be aware that appointments may result in additional application review time and are subject to additional fees)</i> Yes/No:	Are there any domestic animals on the premises? Yes/No:
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Number of lots proposed:

Proposed Water Supply (check one):

- 1. Public
- 2. Private Well
- 3. Community Well
- 4. Other : _____
- 5. **If public, indicate municipality supplier:**

Attachments (required):

- Proposed plat of survey and/or deed
- Level 3 Soil Report
- Level 4 Soil Report

Failure to provide the information requested on this form may result in significant processing delays and/or the denial of your application.

Plat stamps are done for typical 3-4 bedrooms homes with average appurtenances or evaluated that all septic systems and repair area are within property lines for existing homes and buildings.

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I. GENERAL INFORMATION

A. Name of Subdivision: _____

Owner /Sponsor _____ Telephone no. _____

Mailing address: _____

B. Characteristics of Subdivision:

Subdivision Area: _____ acreage Smallest lot: _____ (square footage)

Number of Phases: _____ Number of Blocks: _____ Number of Lots _____

Typical home to be constructed:

No. of Bedrooms _____ No. of Baths _____ Foundation Size _____ Sq. ft.

C. Points of Contact:

Surveyor/Engineer _____ Telephone no. _____

Mailing address: _____

Email: _____

Soil Scientist: _____ Telephone no. _____

Mailing address: _____

Email: _____

II. SEWAGE DISPOSAL

Public or Community Sewerage System Availability (existing or under construction)

Nearest sewer (existing or under construction) to subdivision or to overall tract to be developed in sections

Distance: _____ Size: _____

Is gravity flow possible? **Yes/No:**

If system is under construction, give completion date _____

III. WATER SUPPLY

A. Existing Public or Community Water Supply Availability (existing or under construction):

1. Name of water system _____

2. Distance to nearest available main: _____

3. If the water system is privately owned, give:

Owner's Name _____ Telephone no. _____

Mailing address _____

Email: _____

B. Future Availability of Water System (planned, not under construction):

1. Is a public or community water system proposed? _____

Number of Individual wells: _____

2. Date plans approved by the Environmental Protection Division? _____ (attach copy)

3. Projected date for system approval: _____

4. Attach letter from responsible public official or community system owner stating his position on connection of subdivision to water system.

FOR DEPARTMENT USE ONLY		
Comments or Recommendations:		
Made to:	Details:	Date:
Date Submitted:	Receipt no.:	Fee:
Specialist:		
Date Final Plat Recorded:		

