



GWINNETT COUNTY ENVIRONMENTAL HEALTH COMMERCIAL SEWAGE NEW/REPAIR/ADDITION PERMIT APPLICATION

Application Date: _____

Map # _____

OWNER INFORMATION (Please Print)	APPLICANT INFORMATION (Please Print)
Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone () _____	Home Phone () _____
Work Phone () _____	Work Phone () _____
Fax () _____	Fax () _____
Other Phone () _____	Other Phone () _____
E-MAIL _____	E-MAIL _____

PROPERTY INFORMATION (must be completed)

- New Construction
 Repair of an Existing Failing System
 Addition to an Existing System
 Conversion of an Existing Residential Property into a Commercial Project

Address: _____ City _____

Subdivision _____ Lot _____ Block _____

Building Design: Basement Crawl Space Slab (Basement w/Plumbing)

Stub Out Location: Basement Crawl Space Slab (Basement w/Plumbing)

Lot Size (Sq. Ft.) _____ Soil Type (if known) _____

Property Water: Public / Well Tax ID _____

Check all that are on or within 100' of property:

Creeks Ponds Wells, Springs, Sink Hole Embankments Gullies

Locations: _____

Type of Building Church Motel Store/Business Personal Care Home
 Restaurant Other _____

Personal care home complete: Current # Bedrooms _____ # Bedrooms after addition(s) _____ Garbage Disposal: Yes / No

Describe Project: (example – insurance office with 5 employees, doctors office with 2 doctors, 6 staff, and 4 exam rooms, church with 275 seats and a fellowship hall with kitchen, personal care home with 4 clients and 1 responsible person)