

Jackson County Environmental Health

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JACKSON COUNTY COMMERCIAL SITE EVALUATION REQUEST

Name of Business: _____ Lot #/ Block: _____

Street Address: _____ City/ Zip: _____

Lot Size (acres or sq ft): _____ Water Supply (check one): Public Well

Engineer: _____ Engineer Address: _____

Engineer Phone: _____ Engineer Email: _____

Intended Use of Building: _____ Square Footage of Building: _____

Maximum # of Employees: _____ Peak Occupancy of Building: _____ Number of Restrooms: _____

Peak Flow (check one): 1-1000 gpd 1001-2000 gpd 2001-5000 gpd 5001-9999 gpd

Check all applicable items below that will be present on site:

Kitchen Shower Industrial Waste Washing Machine Food Service

Public Restrooms Other (please indicate): _____

Additionally, the following must be provided by the applicant prior to department review:

1) Original Level 3 Soil Report 2) Recorded Plat 3) Engineered Site Plan 4) Floor Plan 5) Completed Form 6) Fees

Please provide any additional information and/or sketch in this space provided

The above information as furnished is true and correct to the best of my knowledge. I hereby apply for an on-site sewage management system construction permit and inspection of that system based on this information. The applicant/owner is responsible for adverse soil conditions, such as rock or water tables encountered. If this information changes after the application or permit issuance, the builder/owner is responsible to inform Environmental Health.

Owner's Name: _____ Phone: _____

Authorized Agent/Applicant: _____ Phone: _____

Owner/Applicant Signature: _____ Date: _____

----- OFFICE USE ONLY -----

Fee amount Paid: \$525 \$875 \$1400 \$2300 Received By: _____ Date: _____

Soil Report Plat Site Plan Floor Plan Evaluated By: _____ Date: _____