



**APPLICATION FOR PERMIT TO CONSTRUCT  
ONSITE SEWAGE MANAGEMENT SYSTEM**

Fulton County Department of Health and Wellness  
Environmental Health Services Division  
99 Jesse Hill Jr. Dr. Atlanta, Georgia, 30303

**SITE  
INFORMATION**

Name: \_\_\_\_\_  
Address: # \_\_\_\_\_ Street \_\_\_\_\_ Room/Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Onsite Sewage Management System Type:**  Residential  Commercial Permit #: \_\_\_\_\_

**For:**  New  Repair **Lot Size:** \_\_\_\_\_ acres **Land Lot #:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Water Supply Type:**  Public  Onsite Individual Water Supply (Well)

**OWNER  
INFORMATION**

Name: \_\_\_\_\_  
Subdivision/Commercial Development Name: \_\_\_\_\_  
Address: # \_\_\_\_\_ Street \_\_\_\_\_ Room/Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_ Fax#: \_\_\_\_\_

**APPLICANT  
INFORMATION**

Name: \_\_\_\_\_ Title \_\_\_\_\_  
Address: # \_\_\_\_\_ Street \_\_\_\_\_ Room/Suite \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

I, \_\_\_\_\_, certify that all information given in this application is true and correct to the best of

Applicant Name (Print)

my knowledge. I further understand and agree to comply with the Fulton County Code of Ordinances, Chapter 34, Health and Sanitation, "Article XI" "Sewage Disposal" as the holder of a permit to construct an onsite sewage management system in Fulton County. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended, revoked or expired

Applicant Signature

Date

**EHS Use Only**

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

Fee Amount: \_\_\_\_\_ Date of Remittance: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check/M.O.#: \_\_\_\_\_ Receipt #: \_\_\_\_\_

District Assignment: \_\_\_\_\_

Territory Assignment: \_\_\_\_\_

EHS Staff

Date of Issuance