



Kathleen Toomey MD, MPH, Commissioner | Brian Kemp, Governor

www.district4health.org



Fayette County Environmental Health Department
140 Stonewall Avenue West, Fayetteville, GA 30214
Phone: (770) 305-5151 or (770) 305-5146 • Fax: (770) 305-5183

**Additions, Private Pools, Accessory Structures:
Environmental Health Fee \$125**

____ Bedroom Home Addition * total number of bedrooms after addition: ____
____ Non-Bedroom Home Addition ____ Garage
____ Barn ____ Storage Building
____ Private Pool Construction ____ Other *Please describe _____

Property Owner: _____ Phone #: _____

Street Address of Property: _____

City: _____ State: GA Zip: _____

Subdivision: _____ Lot#: _____ Lot size: _____

*Email: _____ *all evaluations will be emailed unless otherwise noted on application

Water Supply: Public ____ Private ____ Community ____ Garbage Disposal: Y/N _____

For non-home additions, will the structure have water usage? Y/N _____

If yes, do you plan to connect to the existing septic system or install a new septic system? _____

Description of Addition to Home or Property (include dimensions):

- **ADDITION OR CONSTRUCTION SITE MUST BE STAKED FOR INSPECTION**
- **AN APPROVED SITE DRAWING MUST BE SUBMITTED** (include location of property lines, driveway, well(s), and any structures on the property- does not have to be to scale but, must include dimensions).
- **Unless otherwise noted on this form, the site visit will occur based on time availability of inspector. Please allow 10 working days.**
- **Please ensure all gates are unlocked or accessible, pets are relocated if necessary, and the area of the septic system is easily accessible. Please make a note if a phone call is required prior to site-visit.**

NOTES FOR INSPECTOR: _____

Applicant's Name (if different from owner): _____

Email: _____ Phone #: _____

I understand that obstacles such as rock, water lines, gas lines, etc. may be encountered in the approved area and I hereby agree to assume full responsibility for any damage or inconveniences these obstacles may cause. I furthermore understand this site approval does not guarantee that a septic system will not be encountered since systems are often repaired or altered after being installed originally. I understand that if any changes are made, it is the property owner's responsibility to contact this office. If a septic system is encountered, I will repair it immediately according to current rules and regulations for individual on-site sewage management systems.

Applicant/Owner Signature _____ Date _____

EHS Signature _____ Date _____ Approved Y/N _____

PLANNING & ZONING USE ONLY:
Location ONLY approval: Y/N _____
Complies with zoning location? Y/N _____ **P&Z Initials** _____