

CHEROKEE COUNTY ENVIRONMENTAL HEALTH
On-Site Sewage Management System

___ Staked building
___ Property lines

Official Use Only

New Commercial Septic System

Note: Complete entire application. Incomplete applications will delay permit.

Property Owner's Name: _____ PHONE #: _____

Property Address: _____ Zip Code: _____

Contractor: _____ PHONE #: _____

Email: _____

- 1. Provide detailed directions to property including mailbox numbers, distances, and gate codes.** Note: There will be an **Extra Trip Charge** if the inspector is unable to find the site based on these directions. You may use the back of this page to continue directions, if needed.

- 2. Engineer:** _____
- Engineer Address: _____ Engineer Phone #: _____
 - Engineer Email: _____

3. Commercial Property information:

- Lot Size in Acreage: _____
- Total Sq. Ft. of Business _____
- Water Supply: Public Well

4. Intended Use of Building: _____

- Sq. Footage of Building: _____
- Maximum # of Employees: _____
- Peak Occupancy of Building: _____
- Expected water use: _____
- # of Restrooms: _____

5. Check all That Will be Present on Site:

___ Kitchen ___ Shower ___ Industrial Waste
___ Washing Machine ___ Food Service ___ Public Restrooms
___ Other: _____

Checklist due at time of submittal:

- ___ **1. Level III Soil Report**
- ___ **2. Building Location** shall be drawn on Level 3 Soils Survey Plat, including driveway location
- ___ **2. Recorded** Plat of Property
- ___ **3. Floor** Plan
- ___ **4. Stake** the Building Location on the Property/ Property Lines Marked
- ___ **5. Engineered** Site Plan

CHEROKEE COUNTY ENVIRONMENTAL HEALTH
On-Site Sewage Management System

6. Will This be a Multi-Use Building: Yes No
If Yes, Please Provide Detailed Explanation of Planned Uses:

7. Provide Any Information that May Help the Inspectors:

8. There shall be NO GRADING, CUTTING OR FILLING OF LOT until permit(s) is issued.

511-3-1-.03(3(b) Issuance of a construction permit for an On-Site Sewage Management System, and subsequent approval of same by Representatives of the County Board of Health shall not be construed as a guarantee that such system will function satisfactorily for a given period of time; furthermore, said representatives do not, by an action taken, assume any liability for damages that are caused, or may be caused, by the malfunction of such system.

Applicant
Signature: _____ Date _____

All applications expire 12 months from the date of payment/submittal