

Permit # \_\_\_\_\_

Rec # \_\_\_\_\_

# Gilmer County Health Department Application for On-Site Sewage Management System (OSSMS) Addition Permit

**Fill Out Completely – Please Print**

Original System Permit #061- \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Cell #: \_\_\_\_\_

(If applicable)

Subdivision Name: \_\_\_\_\_ Lot # \_\_\_\_\_ Lot size/Acreage \_\_\_\_\_

Locked Gate/Chain? Y N Gate Code: \_\_\_\_\_ Loose Dogs on property? Y N

Is property in flood plain? Y N Is house near stream, creek or river? Y N If yes, how far? \_\_\_\_\_

Detailed directions to property (Include mailbox #'s, distances & note if street sign is missing):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current House Information:**

\_\_\_\_ Stick-Built \_\_\_\_ Mobile Home / Modular Home \_\_\_\_ Log \_\_\_\_ Other \_\_\_\_\_

# Bedrooms: Main \_\_\_\_ 2nd Floor / Loft \_\_\_\_ Basement \_\_\_\_ Aprox. Sq. Ft. \_\_\_\_\_

Garbage Disposal usage? Y N Plumbing in Basement Y N

\_\_\_\_ Addition to house: \_\_\_\_\_

\_\_\_\_ Replacing / Rebuilding Home\*\*

**Drinking water source:**

Individual Well \_\_\_\_

Public Water \_\_\_\_

Spring Water \_\_\_\_

Community Well \_\_\_\_

**Applicants Check List**

(Initial only if completed as of today - \*\*\*all are required for inspection **if** you replacing/rebuilding home)

Recorded Plat/Survey of Property \_\_\_\_

\*\*Floor Plans \_\_\_\_ \*\*Location of New Proposed House Site Staked-Out \_\_\_\_ \*\*Property Lines Visibly Marked \_\_\_\_

There will be a \$100.00 extra trip charge if inspector can not find property by directions given. Payment is due before permit will be released.

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 systems will function satisfactorily for a given period of time; furthermore, said representatives do not, by any action taken affecting compliance with these rules, assume any liability for damages which are caused, or which may be caused, by the malfunction of such system.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Level III Soils required - Y N N/A

